

Rocky Mountain Medical Journal

A.M.A.
Clinical Session
Dec. 4-7



Vol. 48—No. 11
\$2.50 Per Year
25c Per Copy

THE JOHN CRERAR LIBRARY
RECEIVED
NOV 13 1951

PRESIDENTIAL ADDRESSES, UTAH AND WYOMING
GERIATRIC ABDOMINAL SURGERY -- INDICATIONS FOR CESAREAN SECTION
PROCEEDINGS OF UTAH HOUSE OF DELEGATES — THREE SPECIAL CASE REPORTS

REMEMBER THIS TERM?

si non valeat 

No doubt you would if you had practiced in 1876,
when Eli Lilly and Company had just begun,
—and the first incandescent light was still four years away.

Then, the prescription term *si non valeat*, meaning if it does not avail,
followed by an alternative recommendation,
was appropriate to most of that era's "remedies." Since then,
medical and pharmaceutical progress has developed the certainty of effect
which you can expect—when you specify Lilly.



Lilly ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

Rapid Clinical Response



PARKE, DAVIS &



with

Chloromycetin®

MEANS EARLY RETURN TO NORMAL ACTIVITIES

Continuity of treatment with well-tolerated CHLOROMYCETIN produces a rapid clinical response in a wide variety of bacterial, viral, and rickettsial diseases. Convalescence is smooth, and an early return of the patient to his normal activities may be anticipated.

CHLOROMYCETIN (chloramphenicol, Parke-Davis)
is supplied in the following forms:

CHLOROMYCETIN Kapseals,® 250 mg., bottles of 16 and 100.

CHLOROMYCETIN Capsules, 100 mg., bottles of 25 and 100.

CHLOROMYCETIN Capsules, 50 mg., bottles of 25 and 100.

CHLOROMYCETIN Ophthalmic Ointment, 1%, ½ ounce collapsible tubes.

CHLOROMYCETIN Ophthalmic, 25 mg. dry powder for solution,
individual vials with droppers.

PARKE-DAVIS COMPANY



Let Kendrick-Bellamy Help You

Save floor space, time, money

with



GF *Super-filer*

★

● Swing Front adds 18% to capacity of each drawer.

● Self-adjusting Divide-a-Files simplify, speed-up filing.



We offer you steel Super-Filers, even though steel is scarce!

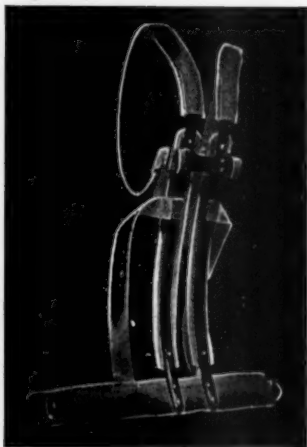
Kendrick-Bellamy

Office Furniture Dept.

Take elevator to 2nd floor.

1641 California St.

Denver 2



Geo. R. Thornton

**Orthopedic Brace
and Appliance Co.**

936 East 18th Avenue

MAin 3026

Write for Measuring Chart

Table of Contents

VOLUME 48

NUMBER 11

NOVEMBER, 1951

Editorials

Page

Let's Not Kill the Golden Goose!..... 831

A New Band Wagon—Let It Pass!..... 832

How Big Is a Series?..... 832

The Art of Medicine..... 833

+

Original Articles

Geriatric Abdominal Surgery, Robert M. duRoy, M.D., and Kenneth C. Sawyer, M.D. 834

Preventing Socialized Medicine Is Our Job, K. E. Krueger, M.D..... 842

Indications and Contraindications for Cesarean Section, Eugene S. Auer, M.D..... 844

+

Case Reports

Primary Pelvic Tuberculosis, Oscar J. Rojo, M.D. 850

Use of Terramycin in Typhoid Fever, James J. Bulger, M.D..... 852

Report of a Case of Barbiturate Poisoning Successfully Treated With Picrotoxin and Amphetamine Sulfate, Paul Hartendorf, M.D., and Robert Hayes, M.D..... 852

+

Organization

Montana

Incoming and Outgoing Montana Leaders 854

New Mexico

Twelve Complaints Settled by Board..... 854

Colorado

New Licenses Issued..... 856

Obituary 856

Interim Session, American College of Chest Physicians 856

Auxiliary 858

Colorado Medical School Notes..... 860

Wyoming

Auxiliary 860

Utah

Minutes, Fifty-Seventh Annual Meeting 862

Auxiliary 896

Fall Postgraduate Courses Announced.... 898

Tuberculosis Abstracts 902

ROCKY MOUNTAIN MEDICAL JOURNAL

specific
therapy for
urinary tract
infections



SULAMYD®

(sulfacetamide Schering)

Rapidly cleared from the blood stream and excreted in high concentration in the urine in which it is highly soluble, SULAMYD combines broad antibacterial activity with a high degree of systemic safety and minimal renal hazard. Crystalluria is rare; damage due to renal blockage has never been reported.

Available in 0.5 Gm. tablets.

Schering CORPORATION • BLOOMFIELD, NEW JERSEY

S
U
L
A
M
Y
D



ROCKY MOUNTAIN MEDICAL JOURNAL

Title Registered, U. S. Patent Office

Publication Office:

835 Republic Building (1612 Tremont Place), Denver 2, Colorado
Telephone AComa 0547

EDITORIAL BOARD

Colorado: Douglas W. Macomber, M.D., Scientific Editor, 1800 High St., Denver; Lyman W. Mason, M.D., Associate Editor, 1214 Republic Bldg., Denver (Chairman of Editorial Board).

Montana: Raymond F. Peterson, M.D., Scientific Editor, 9 W. Granite St., Butte; L. Russell Hegland, Associate Editor, 240 Stapleton Bldg., Billings.

New Mexico: Carl H. Gellenthien, M.D., Scientific Editor, Valmora, New Mexico; Ralph R. Marshall, Associate Editor, 323 First National Bank Bldg., Albuquerque.

Utah: Richard P. Middleton, M.D., Scientific Editor, Boston Bldg., Salt Lake City; W. H. Tibbals, Associate Editor, 42 South Fifth East St., Salt Lake City.

Wyoming: Franklin D. Yoder, M.D., Scientific Editor, State Capitol Building, Cheyenne; Arthur R. Abbey, Associate Editor, P. O. Box 897, Cheyenne.

Managing Editor: Harvey T. Sethman, 835 Republic Bldg., Denver.

Business Manager: Helen Kearney, 835 Republic Bldg., Denver.

Ownership and Sponsorship: The Rocky Mountain Medical Journal is owned by the Colorado State Medical Society and is published monthly as a non-profit enterprise for the mutual benefit of the organizations which jointly sponsor it. It is published under the direction of the Board of Trustees of the Colorado State Medical Society, assisted by an Editorial Board representing the sponsoring organizations. It is the Official Journal of the Colorado State Medical Society, the Montana Medical Association, the New Mexico Medical Society, the Utah State Medical Association, the Wyoming State Medical Society, the Rocky Mountain Medical Conference, and the Colorado Hospital Association.

Manuscripts: Scientific Articles, Case Reports, etc., from any state for which this is the Official Journal should be submitted to the Scientific Editor for that state as named in the Editorial Board, above. Other material from any participating state should be submitted to the Associate Editor for that state as named above. Manuscripts from outside the Rocky Mountain area should be sent direct to the Journal office. Manuscripts must be typewritten, double or triple spaced, using only one side of each sheet. It is the policy of this Journal to omit bibliographies.

Advertising: National representatives: The State Journal Advertising Bureau, 535 North Dearborn Street, Chicago 10, Ill. Local advertising from firms in the Rocky Mountain area should be submitted to the Associate Editor of the appropriate state or to the Journal office. Advertising forms close on the 20th of the month preceding publication; allow ten days additional to insure submitting proofs for approval.

Subscription: \$2.50 per year in advance, postpaid in the United States and its possessions; single copy, 25c plus postage. Subscription is included in medical society dues of sponsoring state medical organizations.

Copyright: This Journal is copyright, 1951, by the Colorado State Medical Society. Requests for permission to reproduce anything from the columns of this Journal should be addressed to the Journal office.

Second Class Matter: Entered as second class matter Jan. 22, 1906, at the Post Office at Denver, Colo., under the Act of Congress of March 3, 1879. Accepted for mailing at special rates of postage provided for in Section 1103, Act. of Oct. 3, 1917; authorized July 17, 1918.

Collection

of your

Accounts

All reports show a trend toward slower and harder collections in the months ahead.

At the first sign of neglect you will save money if they are turned over to us for collection.

Comparison of collection results, backed by 35 years of experience, proves you obtain greater results at less cost, when you list your accounts

with

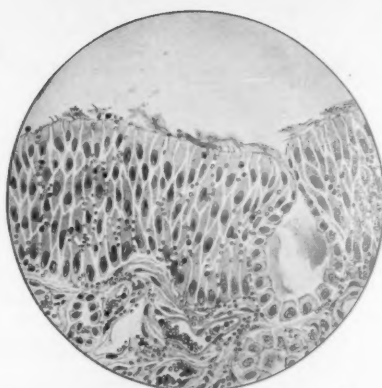
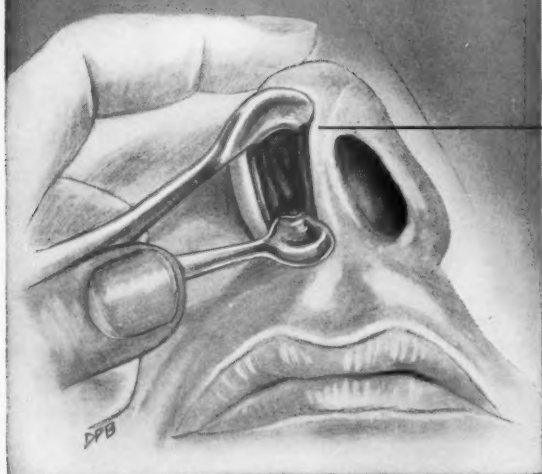
The American Medical and Dental Association

2106 Broadway

TAbor 2331

Denver, Colorado

promotes
aeration . . . free drainage
in colds
. . . sinusitis



Nasal membrane showing increased leukocytes with denudation of cilia.

Normal appearing nasal epithelium.



Nasal engorgement and hypersecretion accompanying the common cold and sinusitis are quickly relieved by the vasoconstrictive action of

NEO-SYNEPHRINE®

HYDROCHLORIDE

Brand of Phenylephrine Hydrochloride

The decongestive action of several drops in each nostril usually extends over two to four hours. The effect is undiminished after repeated use.

Relatively nonirritating . . . Virtually no central stimulation.

Supplied in ¼% solution (plain and aromatic), 1 oz. bottles. Also 1% solution (when greater concentration is required), 1 oz. bottles, and ½% water soluble jelly, ½ oz. tubes.

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.



Neo-Synephrine, trademark reg. U. S. & Canada

THE COLORADO STATE MEDICAL SOCIETY

NEXT ANNUAL SESSION: STANLEY HOTEL, ESTES PARK, SEPTEMBER 9, 10, 11, 12, 1952.

OFFICERS

Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at the 1952 Annual Session.

President: Harry C. Bryan, Colorado Springs.

President-Elect: William A. Liggett, Denver.

Vice President: Claude D. Bonham, Boulder.

Constitutional Secretary (three years): Irvin E. Hendryson, Denver, 1954.

Treasurer (three years): George C. Shivers, Colorado Springs, 1953.

Additional Trustees (three years): Cyrus W. Anderson, Denver, 1952; E. H. Munro, Grand Junction, 1952; M. L. Phelps, Denver, 1953; Robert T. Porter, Greeley, 1954.

(The above nine officers compose the Board of Trustees of which Dr. Cyrus W. Anderson is the 1951-1952 Chairman.)

Board of Councilors (three years): District No. 1: Paul R. Hildebrand, Brush, 1954; No. 2: Ella A. Mesd, Greeley, 1954; No. 3: Osgood S. Philpott, Denver, 1954; No. 4: Ward C. Fenton, Rocky Ford, 1953; No. 5: Jesse W. White, Pueblo, 1953; No. 6: Herman W. Roth, Monte Vista, 1953 (Vice Chairman 1951-1952); No. 7: Leo W. Lloyd, Durango, 1952 (Chairman 1951-1952); No. 8: Harvey M. Tupper, Grand Junction, 1952; No. 9: Marvel L. Crawford, Steamboat Springs, 1952.

Board of Supervisors (two years): Sidney M. Reckler, Denver, 1952; John L. McDonald, Colorado Springs, 1952; Franklin J. McDonald, Leadville, 1952; C. Rex Fuller, Salida, 1952; Lawrence L. Hick, Delta, 1952; John C. Straub, Jr., Flagler, 1952; Lawrence D. Buchanan, Wray, 1953; Jackson L. Sadler, Fort Collins, 1953; Guy C. Cary, Grand Junction, 1953; David W. McCarty, Longmont, 1953; V. V. Anderson, Del Norte, 1953; George M. Myers, Pueblo, 1953.

Delegates to American Medical Association (two years): William H. Halley, Denver, 1952; (Alternate, Kenneth C. Sawyer, Denver, 1952); George A. Unrug, Pueblo, 1953; (Alternate: Herman C. Graves, Grand Junction, 1953).

Foundation Advocate: Walter W. King, Denver.

House of Delegates: Speaker, Lester L. Ward, Pueblo; Vice Speaker, Kenneth H. Beebe, Sterling.

Executive Office Staff: Mr. Harvey T. Sethman, Executive Secretary; Miss Helen Kearney, Assistant Executive Secretary; Mr. Evan A. Edwards, Public Relations Director and Field Secretary, 835 Republic Building, Denver 2, Colorado. Telephone AComa 0547.

General Counsel: Mr. J. Peter Nordlund, Attorney-at-Law, Denver.

STANDING COMMITTEES

Arrangements: Wm. M. Corode, Denver, Chairman; Joseph A. McMeel; others to be appointed.

Credentials: Irvin E. Hendryson, Denver, Chairman; others to be appointed.

Health Education (two years): R. A. L. Swanson, Greeley, 1952; Charley J. Smyth, Denver, 1952; W. C. Service, Colorado Springs, 1952; Lewis Barbato, Denver, 1952; W. Lloyd Wright, Golden, 1952; Miss Norma Johannis, Denver, 1952; Doris Benes, Haxtun, 1952; Donald F. Monty, Denver, 1953; Ted W. Miller, Pueblo, 1953; J. D. Bartholomew, Boulder, Chairman, 1953; Gordon Neligh, Jr., Boulder; E. C. Likes, Lamar; E. Miner Morrill, Fort Collins; Paul B. Sudham, Grand Junction.

Library and Medical Literature: Nolle Mume, Denver, Chairman; Richard H. Mellen, Colorado Springs; Joel R. Husted, Boulder; W. W. King, Denver; Leonard Freeman, Denver.

Medical Education and Hospitals: Cyrus W. Anderson, Denver, Chairman; Marvin Johnson, Denver; Robert S. Liggett, Denver; G. R. Wright, Longmont; Roy F. Dent, Jr., Colorado Springs; Charley J. Smyth, Denver; Robert C. Lewis, Ph.D., Denver; Chas. W. Huff, Jr., Denver; Samuel B. Potter, Pueblo.

Medical Service Plans: Harry C. Hughes, Denver, Chairman; Henry Buchtel, Denver; Charles Gaylord, Longmont; Fredrick H. Good, Denver; H. R. Dietmeier, Longmont; V. A. Gould, Meeker; Nathan Beebe, Fort Collins; Lester L. Ward, Pueblo; Paul G. duBois, Colorado Springs; James R. Blair, Denver; Alton F. Pierce, Colorado Springs.

Medicolegal (two years): Rudolph W. Arndt, Denver, Chairman, 1952; William W. Haggart, Denver, 1952; Edward J. Meister, Denver, 1952; C. S. Blumel, Denver, 1953; H. I. Barnard, Denver, 1953; E. L. Harvey, Denver, 1953.

Neurology: C. F. Kemper, Denver, Chairman; Roger S. Whitney, Colorado Springs; C. W. Maynard, Pueblo.

Public Policy: Frank B. McGlone, Denver, Chairman; Gatewood C. Milligan, Englewood, Vice Chairman; Wm. B. Condon, Denver; Ervin A. Hinds, Denver; Karl Arndt, Denver; James DeBoa, Denver; V. L. Bolton, Colorado Springs; L. D. Buchanan, Wray; Lanning Likes, Lamar; Thomas K. Mahan,

Grand Junction; George C. Christie, Canon City; Francis Adams, Pueblo; D. W. McCarty, Longmont; Harry C. Bryan, Colorado Springs, President; Wm. A. Liggett, Denver; Irvin E. Hendryson, Denver, Constitutional Secretary.

Sub-Committee on Hospital and Professional Relations: Ervin A. Hinds, Denver; V. L. Bolton, Colorado Springs; Thomas E. Best, Denver; Lawrence Campbell, Denver; Kemp Absher, Pueblo; Lawson C. Costley, Jr., Pueblo; R. J. McDonald, Denver; George F. Wollgast, Denver; Norbert Shere, Denver; Thomas Kennedy, Denver; John Weaver, Jr., Denver.

Sub-Committee on Publicity: Cyrus W. Anderson, Irvin E. Hendryson, Wm. B. Condon, Ervin A. Hinds, Karl Arndt, Bradford Murphy, all of Denver.

Sub-Committee on Legislation: (to be appointed).

Sub-Committee on Nurses' Education: Walter E. Vest, Jr., Denver, Chairman; John R. Evans, Denver; Carl S. Ordesen, Colorado Springs; Fred D. Kuykendall, Eaton; Miss Mary Walker, Denver.

Sub-Committee on Weekly Health Column: Howard Bramley, Chairman; Frank Campbell, H. J. Dodge, Martin Alexander, John G. Hemming, Jr., E. L. Curfman, Jr., Charles G. Gabelman, all of Denver.

Scientific Work: E. Paul Sheridan, Denver, Chairman; John C. McAfee, Denver; Gilbert Balkin, Denver; E. F. Geever, Colorado Springs; Felice Garcia, Denver; Kenneth C. Sawyer, Denver; Joseph Lyday, Denver; J. O. Mall, Estes Park; Frederick H. Brandenburg, Denver; J. Robert Spencer, Denver; George Curfman, Denver.

PUBLIC HEALTH COMMITTEES

General Committee on Public Health: Consists of the chairmen of the following ten public health sub-committees; presided over by Harold D. Palmer, Denver, as General Chairman.

Cancer Control: Harold Palmer, Denver, Chairman; C. B. Kingry, Denver; N. Paul Isbell, Denver; John B. Gros, Denver; R. R. Lanier, Littleton; W. C. Herold, Colorado Springs; C. L. Davis, D.V.M., Denver; J. T. F. Barwick, Pueblo; James A. Philpott, Jr., Denver; Joseph Patterson, Denver; David Akers, Denver; Carl McLaughlin, Jr., Denver; Sidney Reckler, Denver; Mr. Hugh Terry, Denver; Sion W. Holley, Loveland.

Chronic Diseases: Ward Darley, Denver, Chairman; George A. Unrug, Pueblo; Edward Delehanty, Jr., Denver; Roland A. Raso, Grand Junction; H. E. Haymond, Greeley; Robert Smith, Colorado Springs; Karl J. Waggener, Pueblo; Robert Gordon, Denver.

Industrial Health: James Cullyford, Denver, Chairman; R. H. Ackery, Pueblo; Robert Bell, Denver; A. R. Woodburne, Denver; Mr. E. W. Jacobs, Denver; Richard C. Vanderhoof, Colorado Springs; James Donnelly, Trinidad; Mr. Ray McBrian, Denver; J. J. Parker, Grand Junction.

Maternal and Child Health: John H. Amesse, Denver, Chairman; E. Stewart Taylor, Denver; Richard K. Kerr, Colorado Springs; Jackson L. Sadler, Fort Collins; Craig Johnson, Denver; L. W. Roessing, Denver; Scott A. Gale, Pueblo.

Mental Hygiene: F. H. Zimmerman, Pueblo, Chairman; Bradford Murphy, Denver; E. W. Busse, Denver; Spencer Bayles, Boulder; Warren H. Walker, Denver; Franklin G. Ebaugh, Denver; C. S. Blumel, Denver; E. James Brady, Colorado Springs; Lewis Barbato, Denver; Clyde Stanfield, Denver.

Rehabilitation and Crippled Children: E. L. Binkley, Denver, Chairman; John G. Griffin, Denver; William A. Dorsey, Denver; S. E. Blandford, Jr., Denver; James A. Johnson, Colorado Springs; John C. Long, Denver; Charles G. Freed, Denver; Harold Dinken, Denver; John Bricker, Denver; H. C. Fisher, Denver; M. M. Ginsburg, Denver; Foster Matchett, Denver; Mr. Walter Loague, Denver; Mr. Dorsey Richardson, Denver.

Rural Health and Health Councils: Monroe Tyler, Denver, Chairman; Fred Humphrey, Fort Collins; Robert M. Lee, Fort Collins; Valentin Wohlauer, Akron; H. A. Saubert, Denver; Kenneth E. Prescott, Grand Junction; John C. Straub, Jr., Flagler; Harlan E. McClure, Lamar; Clement F. Knobbe, Monte Vista; Mr. Lew Toynes, Denver; Mr. Marvin Russell, Denver; Mrs. Te Sims, Denver; Mrs. John Knifton, Sterling; Miss Helen Prout.

Sanitation: Bernard T. Daniels, Denver, Chairman; H. J. Dodge, Denver; Alexis Luchemco, Denver; Stephen L. Kallay, Denver; Edward N. Chapman, Colorado Springs; W. B. Crouch, Colorado Springs; Mr. William Gahr, Denver; Mr. Robert Cameron, Denver; Mrs. J. W. Penfold, Denver; Miss Ann B. Kennon, Denver; Mr. Jean Breitenstein, Denver; Robert Barnard, Aspen; Carl W. Swartz, Pueblo.

Tuberculosis Control: John Zarit, Denver, Chairman; Willy Hinzelman, Greeley; A. M. Mullett, Colorado Springs; Leroy Erick, Denver; H. M. Van Der Schouw, Wheatridge; Mrs. Ira Waterman, Colorado Springs; Mr. Jack Foster, Denver; Paul B. Marasco, Grand Junction; L. W. Holden, Boulder.

Veneral Disease Control: Sam W. Downing, Denver, Chairman; J. E. McDevrell, Denver; Harley Rupert, Greeley; Frederick Tice, Pueblo; Joseph Sherman, Denver; Daniel G. Monaghan, Denver.

THE COLORADO STATE MEDICAL SOCIETY

SPECIAL COMMITTEES

Advisory Committee to Woman's Auxiliary: Wiley Jones, Denver, Chairman; others to be appointed.

Advisory to U.N.W. Welfare Fund: W. W. Haggart, Denver, Chairman, 1953; Robert Bell, Denver, 1953; F. H. Harishorn, Denver, 1953; J. M. Lammie, Sr., Walsenburg, 1952; Ligon Price, Hayden, 1952; D. W. McCarty, Longmont, 1952; E. E. Loy, Pueblo, 1954; Mason M. Light, Gunnison, 1954; John S. Boullog, Denver, 1954.

Committee on A.M.A. Educational Campaign: (to be appointed).

Delegate to Colorado Interprofessional Council (five years): L. R. Safarik, Denver, 1954; J. R. Evans, Denver, 1954, Alternate.

Medical Disaster Commission: Roy L. Cleere, Denver, Chairman; Roger N. Chisholm, Denver; Foster Matchett, Denver; O. S. Philpott, Denver; Harry C. Hughes, Denver; Robert Woodruff, Denver; Karl F. Sunderland, Denver;

Henry Swan, Denver; R. E. Gnehm, Denver; Mordant E. Pock, Denver; M. P. Vanden Bosch, Denver; T. P. Sears, Fort Logan; M. E. Johnson, Denver; H. I. Goldman, Denver; Mark S. Donovan, Denver; Roderick J. McDonald, Denver; M. E. Pedigo, Denver; W. S. Curtis, Denver; K. D. A. Allen, Denver; K. E. Glose, Colorado Springs.

Military Affairs Committee: Robert S. Liggett, Denver, Chairman; Calvin M. Caldwell, Pueblo; Ward C. Fenion, Rocky Ford; Leo W. Lloyd, Durango; Frank I. Nicka, Colorado Springs; Claude D. Bonham, Boulder; Harvey M. Tupper, Grand Junction; George R. Buck, Denver; John P. Foster, Denver.

Representative to Rocky Mountain Radio Council: Irvin E. Hendryson.

Representative to Adult Education Council: Cyrus W. Anderson, Denver; William E. Hay, Denver.

Rocky Mountain Medical Conference: G. P. Lingenfelter, Denver, Chairman, 1952; D. W. Macomber, Denver, 1954; L. Clark Hopp, Denver, 1953; Terry J. Gromer, 1955; William Corode, Denver, 1956.

Two Special DAIRY FOODS

which physicians can prescribe confidently

For persons **OVER-WEIGHT**
or on a **LOW-FAT Diet**

HI-LO HIGH in Vitamins
LOW in Calories

Butterfat removed — Vitamins added
(4,000 units Vitamin A, 400 units Vitamin D). 88 calories per quart.



For persons **UNDER-WEIGHT**
needing Extra Nutrition

GOLDEN GUERNSEY

Contains 4.4 butterfat—with proportionately higher content of milk's important nutrients. Cream-top or homogenized.

"At Your Store or
at Your Door"

CARLSON-FRINK

Denver's
Quality Dairy

for the **ULCER PATIENT...**

DOUBLE COMFORT



PROMPT, PROLONGED PAIN RELIEF

WITHOUT ACID REBOUND

CHART LEGEND

The tablet material (2 gm. equivalent to 30.8 grains Doraxamin) was added to 150 cc. artificial gastric juice and stirred at 37 degrees C. Every 10 minutes there was removed 20 cc. of the mixture which was replaced by 20 cc. of fresh artificial gastric juice. At regular intervals the pH of the mixture was determined with a Beckman pH meter.

FOR THE TREATMENT of peptic ulcer and hyperacidity, the market has long afforded neutralizing agents which are satisfactory to a degree. Frequently, however, a dosage sufficient for prompt, lasting pain relief brings in its wake a discouraging acid rebound.

Doraxamin brand of dihydroxy aluminum aminoacetate rules out this reaction. Because it is a chemical combination of aluminum with glycine, one of the amino acids, it provides both rapid acid neutralization by the amino acid and

a secondary prolonged buffering of acid by the decomposition of the aluminum salt of the glycine.

Doraxamin raises the pH of artificial gastric juice to approximately 3.9 in ten minutes, and maintains a pH of above 3.0 for two hours. Repeated tests have shown conclusively that, even when Doraxamin is given in excess, the pH never reaches a maximum of more than 4.5. There is, therefore, no danger of alkalosis and no acid rebound.

References:

- 1 Krantz, Kibler and Bell: "The Neutralization of Gastric Acidity with Basic Aluminum Aminoacetate," J. Pharmacol. and Exper. Therap., 82:247 (1944).
- 2 Paul, W. D., and Rhombert, C.: "Medical Management of Uncomplicated Peptic Ulcer," J. Iowa M. Soc. 35:167-85 (1945).
- 3 Holbert, J. M., Noble, Nancy, and Grote, I. W.: J.A.Ph.A., Scientific Edition, 36:149 (1947).
- 4 Holbert, J. M., Noble, Nancy, and Grote, I. W.: J.A.Ph.A., Scientific Edition, 37:292-294 (1948).

TABLETS
Doraxamin
BRAND OF DIHYDROXY ALUMINUM AMINOACETATE

SMITH-DORSEY Division of the Wander Company
LINCOLN, NEBRASKA • DALLAS • LOS ANGELES • MEMPHIS

for NOVEMBER, 1951

817

MONTANA MEDICAL ASSOCIATION

OFFICERS, 1951-1952

Terms of Officers and Committees expire at the Annual Session in the year indicated. Where no year is indicated, the term is for one year only and expires at 1952 Annual Session.

President: Frank L. McPhail, Great Falls.
President-Elect: James M. Flinn, Helena.
Vice President: B. C. Farrand, Jordan.
Secretary-Treasurer: E. H. Lindstrom, Helena.
Asst. Secretary-Treasurer: W. J. Roberts, Great Falls.
Executive Secretary: Mr. L. R. Hegland, 240 Stapleton Bldg., Billings.
Delegate to American Medical Association: Raymond F. Peterson, Butte; Alternate, Thomas L. Hawkins, Helena.

STANDING COMMITTEES

Executive Committee: Frank L. McPhail, Great Falls; James M. Flinn, Helena; B. C. Farrand, Jordan; E. H. Lindstrom, Helena; W. J. Roberts, Great Falls; Clyde H. Fredrickson, Missoula; Thomas L. Hawkins, Helena.
Economic Committee: Maurice A. Shillington, Chairman, Glendive; William E. Harris, Livingston; William E. Long, Anaconda; D. E. MacKenzie, Jr., Havre; George G. Sale, Missoula; James C. Shields, Butte.
Legislative Committee: I. J. Bridenstine, Chairman, Missoula; James M. Flinn, Helena; Otto G. Klein, Helena; Tom B. Moore, Kalispell; Robert M. Morgan, Helena; Stuart D. Whetstone, Cut Bank.
Neurology and History of Medicine Committee: Leonard W. Brewer, Chairman, Missoula; Albert A. Dodge, Kalispell; Melville G. Danekin, Glendive; Edward M. Gans, Harlowton; John P. Ritcher, Missoula; James I. Wernham, Billings.
Public Relations Committee: Leland G. Russell, Chairman, Billings; Albert W. Axley, Havre; Charles P. Brooks, St. Ignace; Paul J. Gans, Lewistown; Raymond F. Peterson, Butte.
Legal Affairs and Malpractice Committee: Louis W. Allard, Chairman, Billings; John H. Bridenbaugh, Billings; Harold W. Gregg, Butte; Patrick E. Logan, Great Falls; Theodore R. Vye, Billings.
Program Committee: John J. Maize, Chairman, Anaconda; R. Lawrence Casebeer, Butte; John E. Hynes, Billings; John A. Layne, Great Falls; Stephen N. Preston, Missoula.
Interprofessional Relations Committee: Louis W. Allard, Chairman, Billings; Jerome Andes, Bozeman; Raymond E. Benson, Billings; James M. Flinn, Helena; William E. Harris, Missoula.
Nominating Committee: Raymond G. Johnson, Chairman, Harlowton; David T. Berg, Helena; Neil M. Leitch, Kalispell; George W. Setzer, Malta; Theodore R. Vye, Billings.
Auditing Committee: Paul L. Eneboe, Chairman, Bozeman; Robert D. Knapp, Wolf Point; William P. Smith, Columbus; Park W. Willis, Jr., Hamilton; G. B. Wright, Kalispell.
Cancer Committee: William F. Cashmore, Chairman, Helena; Raymond E. Benson, Billings; Walter B. Cox, Missoula; Deane C. Epier, Bozeman; William W. McLaughlin, Great Falls; Philip D. Paillister, Boulder; William C. Robinson, Shelby.
Maternal and Child Welfare Committee: Earl L. Hall, Chairman, Great Falls.
Subcommittee on Obstetrics: Robert E. Mattison, Chairman, Billings; Leonard A. Barrow, Billings; Harry A. Campbell, Missoula; Charles W. Pemberton, Butte; Arnold E. Ritt, Great Falls.

Subcommittee on Pediatrics: Orville M. Moore, Chairman, Helena; George H. Barmer, Missoula; Roger W. Clapp, Butte; Frank J. Friden, Great Falls; Donald L. Gillespie, Butte.

Tuberculosis Committee: Harry V. Gibson, Chairman, Great Falls; Morris A. Gold, Butte; Chester W. Lawson, Havre; John M. Nelson, Missoula; Raymond E. Smalley, Billings; Frank I. Terrill, Deer Lodge.

Fracture and Orthopedic Committee: Walter H. Hagen, Chairman, Billings; L. Clayton Allard, Billings; John K. Colman, Butte; Charles F. Honeycutt, Missoula; Alexander C. Johnson, Great Falls; John C. Wolgamot, Great Falls.

Rural Health Committee: B. C. Farrand, Chairman, Jordan; David Gregory, Glasgow; Robert S. Hamilton, Choteau; Harve A. Stanchfield, Dillon; Walter G. Tanglin, Polson.

Industrial Welfare Committee: R. B. Richardson, Chairman, Great Falls; Donald A. Atkins, Butte; Richard E. Brogan, Billings; Paul J. Seifert, Libby; Frank L. Unmack, Deer Lodge.

Rheumatic Fever and Heart Committee: Ferdinand E. Schemm, Chairman, Great Falls; Raymond L. Eck, Lewistown; Donald L. Gillespie, Butte; John S. Gibson, Great Falls; Harold W. Gregg, Butte; Elizabeth Grimm, Billings; Orville M. Moore, Helena; Thomas F. Walker, Jr., Great Falls; Richard D. Weber, Missoula.

Rocky Mountain Medical Conference Committee: John E. Hynes, Billings. '51: Frank K. Wanlata, Great Falls, '52; Harold W. Gregg, Butte, '53; Herbert T. Caraway, Billings, '54; Halward M. Blegan, Missoula, '55.

Public Health Committee: Frank L. McPhail, Chairman, Great Falls; Louis W. Allard, Billings; M. O. Burns, Kalispell; William F. Cashmore, Helena; B. C. Farrand, Jordan; Harry V. Gibson, Great Falls; Walter H. Hagen, Billings; E. L. Hall, Great Falls; Thomas L. Hawkins, Helena; Eugene Hildebrand, Great Falls; Amos R. Little, Helena; R. B. Richardson, Great Falls; Ferdinand R. Schemm, Great Falls; Philip A. Smith, Glasgow; Albert L. Vadheim, Jr., Bozeman; Winfield S. Wilder, Great Falls.

Mediation Committee: Frederic S. Marks, Billings, '51, Chairman; Eaner P. Higgins, Kalispell, '51; James J. McCabe, Helena, '51; William F. Morrison, Missoula, '52; Chester W. Lawson, Havre, '52; James G. Sawyer, Butte, '52; Charles F. Little, Great Falls, '53; William E. Long, Anaconda, '53; Stuart A. Olson, Glendive, '53.

SPECIAL COMMITTEES

Emergency Medical Service Committee: Amos R. Little, Chairman, Helena; Richard R. Chapple, Billings; Theodore W. Cooney, Helena; Paul L. Eneboe, Bozeman; George G. Sale, Missoula; George E. Trobough, Anaconda; Park W. Willis, Jr., Hamilton.

Industrial Accident Board Committee: Thomas L. Hawkins, Chairman, Helena; David J. Almas, Havre; Charles B. Craft, Bozeman; Edward L. Gallivan, Helena; Herbert H. James, Butte.

Hospital Relations Committee: Eugene Hildebrand, Chairman, Great Falls; Robert B. Beas, Great Falls; Walter B. Cox, Missoula; Edward W. Gibbs, Billings; Robert S. Leighton, Great Falls; William W. McLaughlin, Great Falls; Mary E. Martin, Billings; Raymond F. Peterson, Butte; Grant F. Raltt, Billings.

Mental Hygiene Committee: Winfield S. Wilder, Chairman, Great Falls; James J. Bulger, Great Falls; Roger W. Clapp, Butte; J. E. Kross, Missoula; Martin A. Ruona, Billings; Maurice A. Shillington, Glendive.

By-Laws Committee: Thomas L. Hawkins, Chairman, Helena; Paul J. Gans, Lewistown; Eaner P. Higgins, Kalispell; Wyman J. Roberts, Great Falls; Maurice A. Shillington, Glendive.

Don't miss important telephone calls


Let us act as your secretary while you are away, day or night: our kindly voice conscientiously tends your telephone business, accurately reports to you when you return.

Telephone ANSWERING Service CALL ALPINE 1414



Cambridge Dairy Grade "A" Milk Is Produced and Processed at 690 S. Colo. Blvd.
 We do not handle Shipped-in Milk produced Where? How and by Whom? Doctors know the difference
 Now Homogenized Vitamin D Milk is available for baby feeding and family use.
 We Invite Your Inspection and Appreciate Your Recommendation.

Investigate MAXISERVICE

GET THESE BENEFITS NOW!	MAXISERVICE PROVIDES EQUIPMENT OF YOUR CHOICE 	MAXISERVICE IS EASY TO BUY... MINIMUM CASH OUTLAY	MAXISERVICE COVERS EVERYTHING ONE MONTHLY CHARGE	MAXISERVICE SIMPLIFIES YOUR INCOME TAX PROBLEMS 100% CHARGEABLE AGAINST OPERATING EXPENSES...
MAXISERVICE CONSERVES YOUR CAPITAL	<div data-bbox="374 757 468 851" data-label="Image"> </div> <p>Economical, convenient, flexible — the GE Maxiservice Plan offers you the world's finest x-ray equipment with no investment. One monthly fee covers everything. Installation, inspection and repair service — even tube replacement.</p> <p>Find out all about the GE Maxiservice Plan. It may be just what you're looking for. Ask your GE x-ray representative for details, or write:</p> <div data-bbox="352 1183 834 1253" data-label="Text"> <p>GENERAL  ELECTRIC</p> </div>			MAXISERVICE ELIMINATES PROBLEM OF DEPRECIATION GE X-RAY PAYS THIS BILL
MAXISERVICE SAVES INTEREST COSTS	MAXISERVICE ELIMINATES MAINTENANCE COSTS GE X-RAY PAYS THIS BILL			
MAXISERVICE HELPS YOU EARN AS YOU GO NO INVESTMENT	MAXISERVICE ELIMINATES REPAIR PARTS COSTS GE X-RAY PAYS THIS BILL			
MAXISERVICE GIVES YOU "EASY TO BUDGET" FIXED COSTS 	MAXISERVICE ELIMINATES TUBE COSTS GE X-RAY PAYS THIS BILL			
MAXISERVICE ELIMINATES OBSOLESCENCE RISKS NO INVESTMENT IN OBSOLETE EQUIPMENT	MAXISERVICE GIVES YOU FLEXIBILITY MAKES IT EASY TO CHANGE OR ADD TO EQUIPMENT	MAXISERVICE GIVES YOU PEAK OPERATING EFFICIENCY GE X-RAY PERIODICAL MAINTENANCE CHECK UP GUARANTEES THIS	MAXISERVICE ELIMINATES COST OF INSURANCE ON EQUIPMENT GE X-RAY PAYS THIS BILL	MAXISERVICE ELIMINATES LOCAL PROPERTY TAXES ON EQUIPMENT GE X-RAY PAYS THIS BILL

Direct Factory Branches:
DENVER — 1338 Glenarm Street
SALT LAKE CITY — 8 East Broadway

Resident Representatives:
COLORADO SPRINGS — I. S. Price, 1532 N. Royer Ave.
BUTTE — L. C. Robertson, 20 W. Granite St.

NEW MEXICO MEDICAL SOCIETY

NEXT ANNUAL SESSION: CARLSBAD, MAY 8, 9, 10, 1952

OFFICERS—1951-52

President: Leland S. Evans, Las Cruces.
President-Elect: Coy S. Stone, Hobbs.
Vice President: Albert S. Lathrop, Santa Fe.
Secretary-Treasurer: L. G. Rice, Jr., 611 East Central, Albuquerque.
Executive Secretary: Mr. Ralph Marshall, 323 First National Bank, Albuquerque.

Councillors (3 years): W. D. Dabbs, Clovis; W. E. Badger, Hobbs (2 years); A. S. Lathrop, Santa Fe; Carl H. Gellenthien, Valmora. (1 year): Carl Mulky, Albuquerque; J. C. Sedgwick, Las Cruces.

New Mexico Physicians' Service: President, John F. Conway, Clovis; Vice President, Victor K. Adams, Raton; Secretary-Treasurer, L. G. Rice, Jr., Albuquerque; Executive Director, Mr. Louis J. LaGrave, Box 1082, Albuquerque.

Board of Trustees: L. S. Evans, Las Cruces; A. H. Follingstad, Albuquerque; Carl H. Gellenthien, Valmora; Albert S. Lathrop, Santa Fe; H. A. Miller, Clovis; George S. Morrison, Clovis; Ashley C. Shuler, Carlsbad; W. A. Stark, Las Vegas.

COMMITTEES—1951-52

Board of Supervisors (Two Years): H. M. Mortimer, Las Vegas; Earl L. Malone, 113 North Kentucky, Roswell; Secretary: L. J. Whitaker, Deming; Frank W. Parker, Gallup. (One Year): C. Pardue Bunch, Artesia, Chairman; H. L. January, Albuquerque; John F. Conway, Clovis; V. E. Berchtold, Santa Fe, Vice Chairman.

Basic Science Committee: Marcus J. Smith, Santa Fe, Chairman; Brian Moyzahan, Albuquerque; W. D. Anthony, Gallup.

Cancer Committee: Charles Moreau Thompson, Albuquerque, Chairman; J. W. Grossman, Albuquerque; Aaron E. Margulis, Santa Fe; Murray M. Friedman, Santa Fe; R. P. Waggoner, Roswell; Loren Blancy, Los Alamos.

Diabetic Committee: John H. Dettweiler, Albuquerque, Chairman; Alfred J. Jenson, Hobbs; Berge A. Kenney, Santa Fe; J. E. Merritt, Las Cruces.

Infancy and Maternal Care Committee: Alfred C. Service, Roswell, Chairman; Lee H. Miles, Albuquerque; Oscar Syme, Albuquerque; S. M. Gonzales, Santa Fe; Charles E. Galt, Carlsbad; Marion Hotopp, Santa Fe.

Industrial Health Committee: Lewis M. Overton, Albuquerque, Chairman; U. S. Marshall, Roswell; Edgar A. Rygh, Santa Rita; J. H. Burres, Raton; J. W. Hillman, Carlsbad; N. D. Frazin, Silver City.

Indigent-Medical Care Committee: A. C. Rood, Albuquerque, Chairman; Samuel R. Ziegler, Espanola; J. J. Johnson, Las Vegas.

Legislative and Public Policy Committee: A. S. Lathrop, Santa Fe, Chairman; J. W. Hannett, Albuquerque; Milton Floersheim, Raton; V. Scott Johnson, Clovis; L. L. Davlet, Las Cruces; A. T. Gordon, Tucuman; Martin S. Wilbers, Los Alamos; Clay A. Ginn, Carlsbad; Junius A. Evans, Las Vegas; Charles F. Kestel, Gallup; W. L. Minear, Truth or Consequences; E. E. Waite, Silver City; Ashley Pond, Tasc; Coy S. Stone, Hobbs; W. J. Hosley, Deming; I. J. Marshall, Roswell; Wesley O. Connor, Jr., Albuquerque.

National Emergency Medical Service Committee: Andrew J. McQuency, Albuquerque, Chairman; William B. Oakes, Los Alamos; Richard A. Angle, Santa Fe; W. A. Stark, Las Vegas; H. O. Lehman, Portales; Samuel M. Ramer, Silver City.

Public Relations Committee: E. C. Derbyshire, Santa Fe, Chairman; Earl L. Malone, Roswell; Hilton W. Gillett, Lovington; George W. Prothro, Clovis; W. D. Sedgwick, Las Cruces.

Rural Health Committee: Benjamin Barzune, Eunice, Chairman; Stuart W. Adler, Albuquerque; J. P. Turner, Carrizozo; Wendell H. Pescock, Farmington; C. E. Molholm, Grants; Eugene P. Simms, Alamogordo.

Tuberculosis Committee: Carl H. Gellenthien, Valmora, Chairman; W. H. Thearle, Albuquerque; Carl Mulky, Albuquerque; H. C. Jernigan, Albuquerque; H. S. A. Alexander, Santa Fe.

Veneral Disease Control Committee: H. J. Beck, Albuquerque, Chairman; T. E. Kircher, Jr., Albuquerque; I. L. Peavy, Santa Fe; David T. Wier, Belen; J. H. Donnelly, Portales.

Woman's Auxiliary Committee: Philip L. Travers, Santa Fe, Chairman; Louis A. McKee, Albuquerque; W. N. Worthington, Roswell.

Rocky Mountain Medical Conference Committee: Carl H. Gellenthien, Valmora, Chairman; Victor K. Adams, Raton; J. W. Beattie, Las Vegas; Eric P. Hausner, Santa Fe; A. H. Follingstad, Albuquerque.

Eye and Ear Consulting Committee to State Dept. of Public Health: Howard B. Peck, Albuquerque; George S. Richardson, Albuquerque; R. E. Bolce, Roswell; James L. McCrory, Santa Fe; A. W. Egenhofer, Santa Fe.

Advisory Committee on Insurance Compensation: R. W. McIntyre, Albuquerque, Chairman; Gerald A. Shuser, Silver City; Peter J. Starr, Artesia.



Our dairy farm is the largest producer of Grade "A" milk in the Rocky Mountain Empire.

Phone
EAst 7707

CITY PARK FARM DAIRY Cherry Creek Dr.
Denver



FAIRFAX SANITARIUM

Kirkland, Wash.

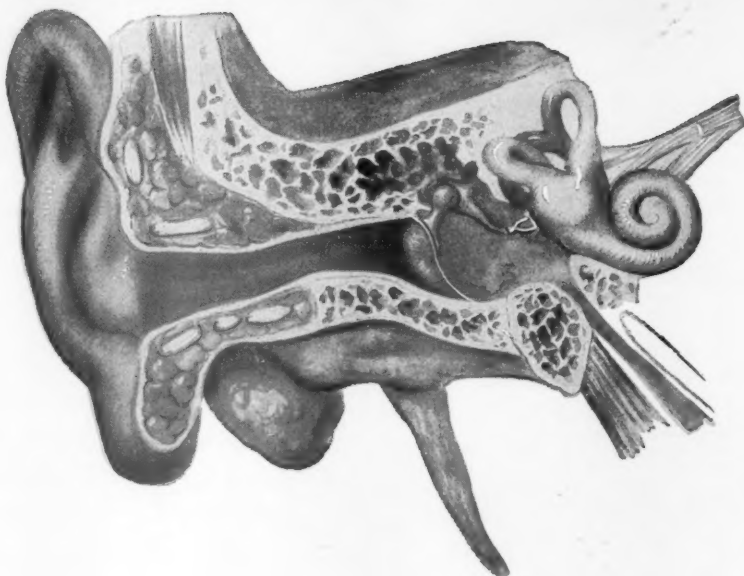
Situated one mile north of Juanita

**TREATING NERVOUS AND
MENTAL DISEASES**

Beautiful and restful surroundings affording recreational facilities. Cottage plan for segregation of patients. Insulin and Electro-shock Therapy when indicated.

Attending Physicians
FREDERICK LEMERE, M.D.
NATHAN K. RICKLES, M.D.
JAMES H. LASATER, M.D.
MORTON E. BASSAN, M.D.
JACK J. KLEIN, M.D.

Manager: **A. G. HUGHES**
 Route 2, Box 365, Kirkland
 Phone: Kirkland 2391



in upper respiratory infections:

"Our cases of bronchopneumonia,
otitis media, tonsillitis, sinusitis, and
laryngotracheo-bronchitis responded
...rapidly to terramycin."

Potterfield, T. G., and Starkweather, G. A.:
J. Philadelphia General Hosp. 2:6 (Jan.) 1951.

CRYSTALLINE TERRAMYCIN HYDROCHLORIDE

available

Capsules, Elixir, Oral Drops, Intravenous,
Ophthalmic Ointment, Ophthalmic Solution.

ANTIBIOTIC DIVISION



CHAS. PFIZER & CO., INC., Brooklyn 6, N. Y.

THE UTAH STATE MEDICAL ASSOCIATION

NEXT ANNUAL SESSION, SALT LAKE CITY, SEPTEMBER, 1952

OFFICERS, 1950-1951

President: L. W. Oaks, Provo.
 President-Elect: Kenneth B. Castleton, Salt Lake City.
 Past President: V. P. White, Salt Lake City.
 Honorary President: Jos. R. Merrill, Ogden.
 First Vice President: C. C. Randall, Logan.
 Third Vice President: F. R. King, Price.
 Secretary: T. C. Weggeland, Salt Lake City.
 Executive Secretary: Mr. W. H. Tibbals, Salt Lake City.
 Treasurer: L. J. Paul, Salt Lake City.
 Councillor, First District: R. O. Porter, Logan.
 Councillor, Second District: Vincent L. Rees, Salt Lake City.
 Councillor, Third District: J. Russell Smith, Provo.
 Delegate to A.M.A., 1952 and 1953: George M. Flister, Ogden.
 Alternate Delegate to A.M.A., 1952 and 1953: J. J. Weight, Provo.
 Editor of the Utah Section of the Rocky Mountain Medical Journal: R. P. Middleton, Salt Lake City.
 Board of Supervisors: 1952, Paul K. Edmunds, Cedar City; 1953, Earl L. Skidmore, Salt Lake City; 1954, J. C. Hubbard, Price; 1955, J. G. Olson, Ogden; 1956, C. J. Dalnes, Logan.
 Rocky Mountain Medical Conference Continuing Committee: 1952, Noall Z. Tanner, Layton; 1953, T. R. Seager, Vernal; 1954, H. P. Middleton, Salt Lake City; 1955, U. R. Bryner, Salt Lake City; 1956, Heber C. Hancock, Ogden.

STANDING COMMITTEES

Rocky Mountain Medical Conference Continuing Committee: 1951, Clark Rich, Chairman, Ogden; 1952, Noall Z. Tanner, Layton; 1953, T. R. Seager, Vernal; 1954, R. P. Middleton, Salt Lake City; 1955, U. R. Bryner, Salt Lake City.
 Scientific Program Committee: T. C. Weggeland, Chairman, Salt Lake City; Vincent L. Rees, Salt Lake City; Fuller Bailey, Salt Lake City; Nowland H. Merrill, Salt Lake City; Paul Rasmussen, Salt Lake City.
 Public Policy and Legislation Committee: 1951, F. R. King, Price; 1951, R. V. Larson, Roosevelt; 1951, W. B. West, Ogden; 1952, Chas. Baggeri, Salt Lake City; 1952, J. C. Hubbard, Price; 1952, Wilford G. Biesinger, Springville; 1953, K. F. Hicken, Chairman, Salt Lake City; 1953, L. V. Broadbent, Cedar City; 1953, George Gasar, Logan.
 Medical Defense Committee: 1951, R. W. Owens, Chairman, Salt Lake City; 1951, James Westwood, Provo; 1951, L. H. Merrill, Hiawatha; 1952, E. L. Hanson, Logan; 1952, Reed Farnsworth, Cedar City; 1952, H. A. Doney, Richfield; 1953, John B. Cluff, Richfield; 1953, Paul A. Pemberton, Salt Lake City; 1953, Wendell Thomson, Ogden.
 Medical Education and Hospitals Committee: 1951, John Bowen, Provo; 1951, George H. Curtis, Salt Lake City; 1951, G. S. Francis, Logan; 1952, Ralph Ellis, Ogden; 1952, Philip Price, Salt Lake City; 1952,

W. H. Anderson, Ogden; 1952, T. C. Bauerlein, Chairman, Salt Lake City; 1953, E. R. Crowder, Salt Lake City; 1953, Gales O. Belden, Salt Lake City.

Medical Economics Committee: 1951, W. R. Merrill, Brigham City; 1951, A. W. Middleton, Chairman, Salt Lake City; 1952, Grant F. Kearns, Ogden; 1952, Preston Hughes, Spanish Fork; 1953, Hugh O. Brown, Salt Lake City.

Public Health Committee: 1951, R. N. Hirst, Ogden; 1952, Seth E. Smoot, Provo; 1952, James Z. Davis, Salt Lake City; 1953, K. B. Castleton, Chairman, Salt Lake City.

Tuberculosis and Cardiovascular Diseases Committee: R. M. Kilpatrick, Chairman, Salt Lake City; Preston Cutler, Salt Lake City; Fred W. Clausen, Salt Lake City; Drew M. Peterson, Ogden; J. H. Rupper, Provo; D. O. N. Lindberg, Ogden.

Cancer Committee: James P. Kerby, Chairman, Salt Lake City; Ray T. Woolsey, Salt Lake City; J. Elmer Nielsen, Salt Lake City; Erwin D. Zeman, Ogden; Riley G. Clark, Provo; W. J. Reichman, St. George; A. K. Hansen, Lewiston; R. V. Larsen, Roosevelt; R. N. Malouf, Richfield; Quinn A. Whiting, Price.

Fracture Committee: A. M. Oelberry, Chairman, Salt Lake City; Reed S. Clegg, Salt Lake City; Louis S. Perry, Ogden; Norman R. Beck, Salt Lake City.

Neurology Committee: L. A. Stevenson, Chairman, Salt Lake City; Alan S. Crandall, Salt Lake City.

Industrial Health Committee: F. J. Winget, Chairman, Salt Lake City; Benjamin F. Robison, Salt Lake City; L. Wayne Allred, Provo; Noall Z. Tanner, Layton; Chester B. Powell, Salt Lake City.

Advisory Committee to the Woman's Auxiliary: N. F. Hicken, Chairman, Salt Lake City; V. H. Johnson, Ogden; Roy B. Hammond, Provo.

Public Relations Committee: T. R. Robinson, Chairman, Salt Lake City; J. A. Gubler, Salt Lake City; Donald M. Moore, Ogden; E. W. Farnsworth, Cedar City; Harry J. Brown, Provo; George B. Jaden, Mt. Pleasant; Ray E. Spendlove, Vernal; J. Paul Burgess, Hyrum.

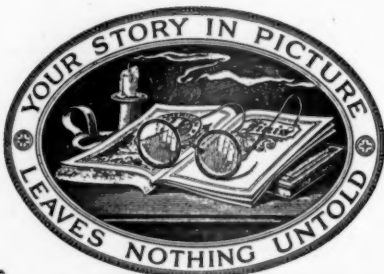
Mental Health Committee: O. P. Heninger, Provo; Wm. D. O'Gorman, Ogden; Louis G. Moench, Salt Lake City; Roy A. Darke, Chairman, Salt Lake City.

Rural Health Committee: J. E. Trowbridge, Chairman, Bountiful; T. R. Seager, Vernal; T. M. Aldous, Tooele; E. G. Wright, Midvale; Byron N. Benson, Carland.

Professional and Hospital Relationships Committee: M. L. Allen, Salt Lake City; J. H. Carquist, Chairman, Salt Lake City; Leland R. Cowan, Salt Lake City; I. B. McQuarrie, Ogden; Byron W. Daynes, Salt Lake City; J. J. Weight, Provo; Paul A. Clayton, Salt Lake City.

Procurement and Assignment Committee: Frank K. Bartlett, Ogden; John J. Galligan, Salt Lake City; John H. Clark, Salt Lake City; C. Elliot Snow, Salt Lake City; J. Russell Smith, Provo.

Civilian Defense Committee: L. J. Paul, Chairman, Salt Lake City; Leo W. Benson, Ogden; Riley G. Clark, Provo.



When it is impossible to take your product to the customer, or have him come to your establishment, you will find it both impressive and profitable to show your product by picture.

Elmer Engraving Co.
 231 CURTIS ST. DENVER 2, COLORADO 82101
 LINE ETCHINGS - HALFTONES - COLOR PLATES

PROFESSIONAL MEN RECOMMEND

Professional
PHARMACY, INC.

D. MALCOLM CAREY, Pharmacist

Phone AComa 3711

224 Sixteenth Street Denver, Colo.

Better Flowers at Reasonable Prices

*"Orders Delivered to Any City by
 Guaranteed Service"*

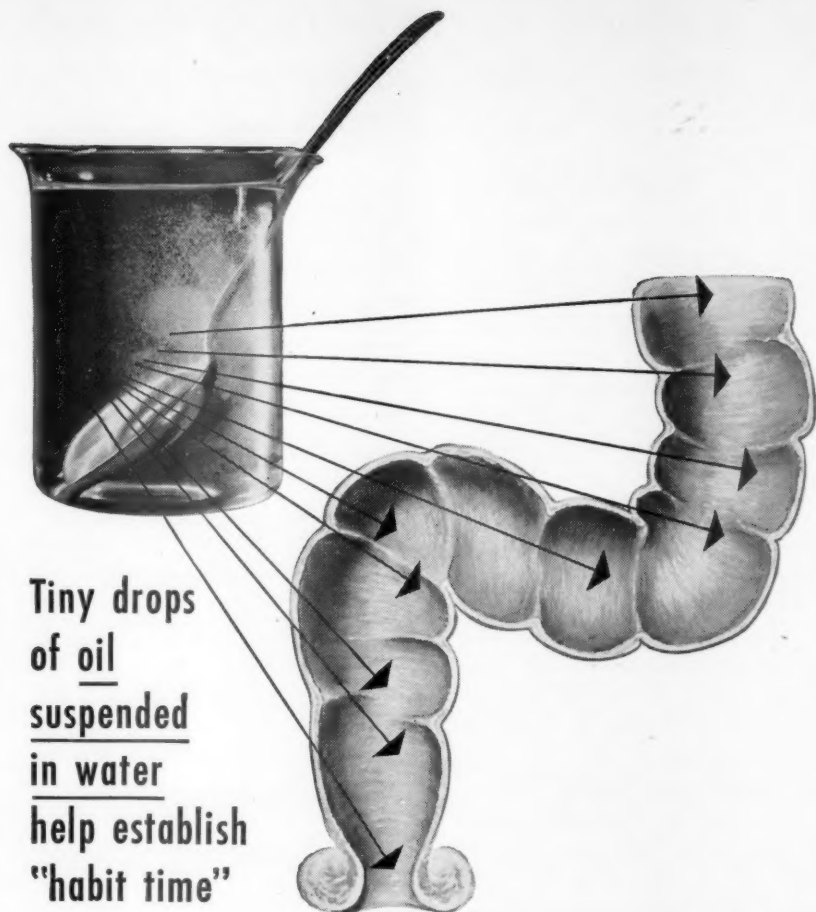
Special attention given to floral tributes
 Also Hospital Flowers

Call KEystone 5106

Park Floral Co. Store

1643 Broadway

Denver, Colo.



PETROGALAR provides a moderate intake of mineral oil in the form of a water-miscible suspension.

This oil-in-water combination permeates the fecal residue to produce:

- ▶ Gentle lubricant action, without "leakage"
- ▶ Soft, nonirritating, easily passed stools
- ▶ Comfortable bowel movement

PETROGALAR may be taken alone or in milk, water or fruit juices—with which it is readily miscible.

PETROGALAR®

Aqueous Suspension of Mineral Oil, Wyeth

Wyeth Incorporated, Philadelphia 2, Pa.



THE WYOMING STATE MEDICAL SOCIETY

OFFICERS

President: Paul R. Holtz, Lander.
 President-Elect: Edward Guilfoyle, Newcastle.
 Vice President: James Sampson, Sheridan.
 Secretary: G. W. Koford, Cheyenne.
 Treasurer: P. M. Schunk, Sheridan.
 Executive Secretary: Arthur R. Abbey, Cheyenne.
 Delegate to A.M.A.: Roscoe H. Reeve, Casper.
 Alternate Delegate to A.M.A.: W. Andrew Buntin, Cheyenne.

COMMITTEES

Rocky Mountain Medical Conference: Earl Whedon, Chairman, Sheridan; George H. Phelps, Cheyenne; H. L. Harvey, Casper; C. W. Jeffery, Rawlins; L. W. Storey, Laramie.
Synopsis Committee: L. H. Wilmoth, Chairman, Lander; F. H. Hagler, Casper; N. E. Morad, Casper; C. L. Rogers, Sheridan; Benjamin Odlis, Thermopolis.
Cancer Committee: John Gramlich, Chairman, Cheyenne; M. C. Henrich, Casper; Thomas B. Croft, Lovell; J. R. Newnam, Cheyenne; Franklin Yoder, Cheyenne.
Medical Economics Committee: C. L. Rogers, Chairman, Sheridan; Neil A. Vicklund, Thermopolis; H. L. Harvey, Casper; J. S. Hellewell, Evanston; H. E. Stuckenhoff, Casper.
Fracture Committee and Industrial Health: Gordon Whiston, Chairman, Casper; W. K. Mylar, Cheyenne; DeWitt Dominick, Cody; E. C. Pelton, Laramie; Lowell D. Kattenhorn, Powell; J. E. Hoadley, Gillette; Philip Teal, Cheyenne.
Advisory Committee to Selective Service on Procurement and Assignment of Physicians: Sam S. Zuckerman, Chairman, Cheyenne; Roscoe H. Reeve, Casper; E. W. DeKay, Laramie.
Elected Medical Defense Committee: DeWitt Dominick, Chairman, Cody; W. A. Buntin, Cheyenne; E. W. DeKay, Laramie.
Councillors: E. W. DeKay, Chairman, Laramie; Earl Whedon, Sheridan; George Baker, Casper; DeWitt Dominick, Cody; George H. Phelps, Cheyenne; Kral Krueger, President, Rock Springs; Glenn W. Koford, Secretary, Cheyenne.
Advisory to Woman's Auxiliary: Thomas B. Croft, Chairman, Lovell; John R. Bunch, Laramie; W. A. Buntin, Cheyenne; J. Cedric Jones, Cody.

Veterans Affairs and Military Service Committee: G. W. Koford, Chairman, Cheyenne; Jack Rowlett, Laramie; L. B. Morgan, Torrington; R. C. Stratton, Green River; Bernard Sullivan, Laramie; James Sampson, Sheridan; G. M. Knapp, Casper; A. J. Allgretti, Cheyenne; DeWitt Dominick, Cody; E. J. Guilfoyle, Newcastle; George H. Phelps, Cheyenne.

Bias Cross Hospital Committee: Russell Williams, Chairman, 1954, Cheyenne; E. W. DeKay, 1951, Laramie; J. Cedric Jones, 1952, Cody; J. W. Sampson, 1953, Sheridan.

Public Policy and Legislation: George H. Phelps, Chairman, Cheyenne; George Baker, Casper; W. A. Buntin, Cheyenne; E. W. DeKay, Laramie; L. H. Wilmoth, Lander; G. W. Koford, Cheyenne; Paul Helts, Lander; R. H. Reeve, Casper.

Pellomylitis Committee: L. Cohen, Chairman, Cheyenne; E. W. Gardner, Douglas; E. C. Ridgway, Cody; Franklin Yoder, Cheyenne; Bernard Black, Thermopolis; Philip Teal, Cheyenne; G. O. Beach, Casper; B. J. Sullivan, Laramie.

State Institutions Advisory: R. H. Kanable, Chairman, Basin; George H. Phelps, Cheyenne; Franklin Yoder, Cheyenne; George R. James, Casper; C. D. Anton, Sheridan; J. S. Hellewell, Evanston.

Neurology Committee: Earl Whedon, Chairman, Sheridan; D. G. MacLeod, Jackson; Franklin Yoder, Cheyenne.

Public Health Department—Liaison Committee: E. C. Ridgway, Chairman, Cody; R. P. Fitzgerald, Casper; J. W. Sampson, Sheridan; R. C. Stratton, Green River; O. K. Scott, Casper; B. G. Johnson, Douglas.

Rural Health Committee: Paul Holtz, Chairman, Lander; William E. Roene, Wheatland; Andrew Buntin, Cheyenne; G. M. Knapp, Casper; R. N. Bridenbaugh, Powell.

Child Health Committee: O. K. Scott, Chairman, Casper; Paul Emerson, Cheyenne; L. Cohen, Cheyenne; J. T. Murphy, Casper; E. C. Ridgway, Cody; David M. Flett, Cheyenne; Arthur R. Abbey, Cheyenne.

Council on National Emergency Medical Service: George H. Phelps, Chairman, Cheyenne; R. H. Reeve, Casper; E. W. DeKay, Laramie; F. M. Schunk, Sheridan; Paul R. Holtz, Lander; Albert S. Sudman, Green River.

Judicial and Advisory Committee: District No. 1, J. D. Shingle, Chairman, Cheyenne; District No. 2, George Baker, Casper; District No. 3, George H. Phelps, Cheyenne; District No. 4, R. I. Williams, Cheyenne; District No. 5, C. W. Jeffery, Rawlins; District No. 6, J. S. Hellewell, Evanston; District No. 7, F. M. Schunk, Sheridan; District No. 8, J. Cedric Jones, Cody; District No. 9, E. J. Guilfoyle, Newcastle.

COLORADO HOSPITAL ASSOCIATION

OFFICERS

President: Louis Liswood, National Jewish Hospital, Denver.
 President-Elect: Henry H. Hill, Weld County Hospital, Greeley.
 Vice President: Sr. M. Lina, St. Francis Hospital, Colorado Springs.
 Treasurer: M. A. Morris, Denver General Hospital, Denver.
 Executive Secretary: R. A. Postow, Colorado General Hospital, Denver.
Trustees: DeMoss Taliaferro, Children's Hospital, Denver (1950); Roy R. Anderson, Presbyterian Hospital, Denver (1950); Rev. Allen H. Erb, Menonite Hospital and Sanitarium, La Junta (1951); Roy R. Prangley, St. Luke's Hospital, Denver (1952); Hubert W. Hughes, General-Rose Memorial Hospital, Denver (1952).
 Delegate to American Hospital Association: Mgr. John R. Mulroy, Catholic Hospitals, Denver.
 Alternate: Herbert A. Black, M.D., Parkview Hospital, Pueblo.

STANDING COMMITTEES

President—Ex-Officio Member.
Secretary—Ex-Officio Member.
Auditing: R. K. Mortensen, Chairman, St. Luke's Hospital, Denver; Ed Smith, Boulder Colorado Sanitarium & Hospital, Boulder; Otto F. Keller, D. & H. G. W. Hospital, Salida.
Constitution and Rules: James P. Dixon, M.D., Chairman, Denver General Hospital, Denver; Samuel S. Golden, M.D., Beth Israel Hospital, Denver; Sister Mary Lina, St. Francis Hospital, Colorado Springs.
Legislative: Hubert Hughes, Chairman, General Rose Memorial Hospital, Denver; Mgr. John R. Mulroy, Catholic Hospitals, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver; H. F. Zimok, Jr., Memorial Hospital, Colorado Springs; F. H. Zimmerman, M.D., Colorado State Hospital, Pueblo.
Membership: G. A. W. Currie, M.D., Chairman, Colorado General Hospital, Denver; A. Tergeron, Longmont Hospital and Clinic, Inc., Longmont; Sister M. Asella, St. Joseph's Hospital, Denver.
Resolutions: John Peterson, Larimer County Hospital, Fort Collins; Sister M. Raymond, Mercy Hospital, Denver.
Nominating: Mgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; G. A. W. Currie, M.D., Colorado General Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Program: Owen B. Stubben, Chairman, Denver General Hospital, Denver; Henry H. Hill, Weld County Hospital, Greeley; Esther Thornton, R.N., Washington County Public Hospital, Akron.

Nursing Education: Roy Prangley, Chairman, St. Luke's Hospital, Denver; Sister M. Hugolina, St. Anthony's Hospital, Denver; Margaret E. Pastnick, Denver General Hospital, Denver; Richard Conner, Mercy Hospital, Denver; Mrs. Henrietta Loughran, University of Colorado School of Nursing, Denver.

Public Education: Charles K. LeVine, Chairman, J.C.R.S., Spivak; Ward Darley, M.D., University of Colorado Department of Medicine, Denver; A. Tergeron, Longmont Hospital and Clinic, Inc., Longmont; James P. Dixon, M.D., Denver General Hospital, Denver.

SPECIAL COMMITTEE

Public Relations: James P. Dixon, M.D., Chairman, Denver General Hospital, Denver; Sister Mary Lina, St. Francis Hospital, Colorado Springs.

Rates and Charges: Roy Anderson, Chairman, Presbyterian Hospital, Denver; Mgr. John R. Mulroy, Catholic Hospitals, Denver; Roy Prangley, St. Luke's Hospital, Denver; Richard Conner, Mercy Hospital, Denver; Rev. Allen H. Erb, Menonite Hospital and Sanitarium, La Junta; DeMoss Taliaferro, Children's Hospital, Denver.

State Board of Health Advisory: Mgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Herbert A. Black, M.D., Parkview Hospital, Pueblo.

Committee on Hospital Licensing Regulations and Standards: Mgr. John R. Mulroy, Chairman, Catholic Hospitals, Denver; Roy R. Prangley, St. Luke's Hospital, Denver; Owen B. Stubben, Denver General Hospital, Denver; DeMoss Taliaferro, Children's Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Premature Infant Care: DeMoss Taliaferro, Chairman, Children's Hospital, Denver; Roy Anderson, Presbyterian Hospital, Denver.

Rehabilitation Center: James P. Dixon, M.D., Denver General Hospital, Denver; Mgr. John R. Mulroy, Catholic Hospitals, Denver; Louis H. Liswood, National Jewish Hospital, Denver.

Inter-Professional Council: Hubert W. Hughes, St. Anthony Hospital, Denver.

Accuracy and Speed in Prescription Service
DORR OPTICAL COMPANY

421 16th Street

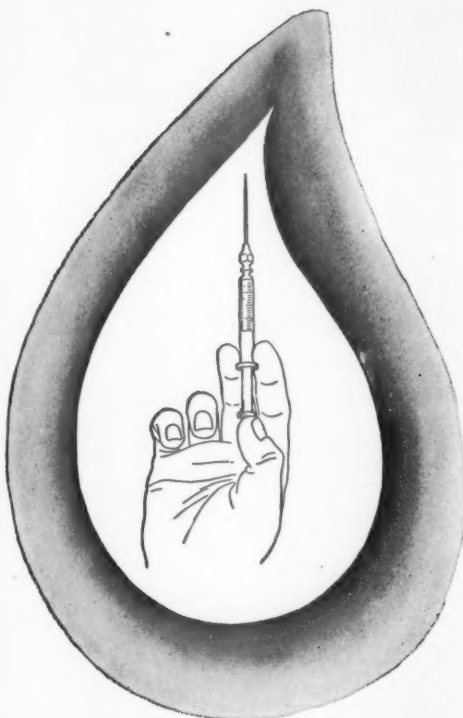
Denver, Colorado

KeyStone 5511

Dihydrostreptomycin Sulfate

a Drug of Choice

for Physician and Patient



Extremely well tolerated and rarely causing irritation on injection, Dihydrostreptomycin Sulfate has become a most widely accepted streptomycin preparation:

Comparative studies by leading clinicians confirm that **DIHYDROSTREPTOMYCIN SULFATE IS —**

as effective as streptomycin 2, 9, 13-15
less toxic for the vestibular apparatus 1-15
minimizes pain and swelling at the site of injection 6, 10
may be used even in patients showing allergic response to streptomycin 2, 9, 10, 11

Extensive experimental studies 6, 9, 16-18
proved **CRYSTALLINE DIHYDROSTREPTOMYCIN SULFATE MERCK**
less toxic for the vestibular system:

BIBLIOGRAPHY

(1) Tompsett, R., and McDermott, W., *Am. J. Med.* 7: 371-381, Sept. 1949. (2) Tompsett, R., *Ann. Otol., Rhin. & Laryng.* 57: 181, March 1948. (3) Sweeney, H. C., *Dis. Chest* 15: 631-656, June 1949. (4) Lincoln, S., *Science News Letter* 55: 307, May 18, 1949. (5) Semans, J. H., *J. M. A. Georgia* 38: 477-480, Nov. 1949. (6) Dornon, C. M., Kilbourne, P. C., and King, E. O., *Amer. Rev. Tuberc.* 60: 564, 575, Nov. 1949. (7) Nagley, M. M., *Brit. M. J.* 1: 248, Jan. 28, 1950 (in correspondence). (8) Committee on Medical Research and Therapy, American Trudeau Society, *Am. Rev. Tuberc.* 61: 436-440, March 1950. (9) Carr, D. T., Hinshaw, H. C., Pfuetze, K. H., and

Brown, H. A., *Dis. Chest* 16: 801-821, Dec. 1949. (10) Odell, J. M., *Dis. Chest* 16: 818, Dec. 1949. (11) (Editorial) *New England J. Med.* 240: 736, May 5, 1949. (12) Keefer, C. S., *Ann. Int. Med.* 33: 582-589, Sept. 1950. (13) Marsh, D. F., *W. Va. Med. J.* 45: 280-284, Oct. 1949. (14) Johnson, H. M., *J. Invest. Dermat.* 15: 61-66, July 1950. (15) Hinshaw, H. C., Personal communication. (16) Lincoln, N. S., Horton, R., Stokes, A. M., Monroe, J., and Higgins, H. M., *Am. Rev. Tuberc.* 62: 572-581, Dec. 1950. (17) Carr, D. T., Brown, H. A., Hoggan, C. H., and Heilman, F. R., *J. A. M. A.* 143: 1223-1225, Aug. 5, 1950. (18) Jacoby, A., Goldberg, W., Sobel, N., and Rosenthal, T., *Am. J. Syph., Gonorr. & Ven. Dis.* 34: 185-186, March 1950.

Supplied By Merck In The Purest Form Available—

CRYSTALLINE DIHYDROSTREPTOMYCIN SULFATE MERCK

Crystalline Dihydrostreptomycin Sulfate Merck is supplied in convenient 1 Gm. and 5 Gm. vials.



MERCK & CO., INC.

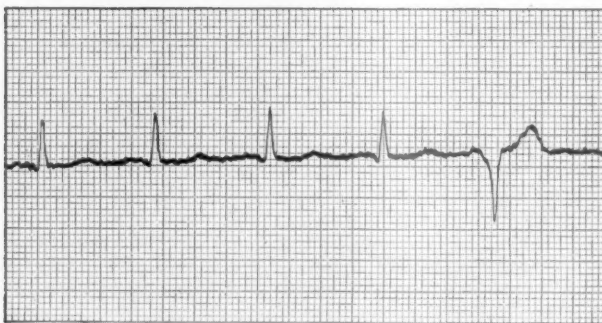
Manufacturing Chemists

RAHWAY, NEW JERSEY

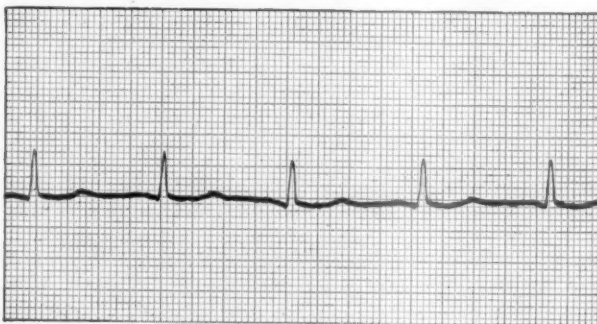
In Canada: MERCK & CO. Limited—Montreal

*a significant advance in the
treatment of ventricular arrhythmias*

Oral PRONESTYL
in ventricular premature contractions



Lead I. Control tracing, ventricular premature contraction.



Lead I. Tracing one week later; patient maintained on 2 Gm. Pronestyl per day. Normal sinus rhythm.

....PRONESTYL *Hydrochloride*

less toxic than quinidine

Indications and Dosage

IN CONSCIOUS PATIENTS

For the treatment of ventricular tachycardia:

Orally: 1 Gm. (4 capsules) followed by 0.5-1.0 Gm. (2 to 4 capsules) every four to six hours as indicated. It is important that the drug be given by mouth unless the urgency of the situation makes intravenous administration essential.

Intravenously: 200-1000 mg. (2 to 10 cc.). **CAUTION—ADMINISTER NO MORE THAN 100 MG. (1 CC.) PER MINUTE.**

Hypotension may occur during intravenous use in conscious patients. As a precautionary measure, administer at a rate no greater than 100 mg. (1 cc.) per minute to a total of no more than 1 Gm. Electrocardiographic tracings should be made during injection so that injection may be discontinued when tachycardia is interrupted. Blood pressure recordings should be made frequently during injection. *If marked hypotension occurs, rate of injection should be slowed or stopped.* The patient should remain lying on his back. If the symptoms demand it, cautiously employ measures to raise the blood pressure moderately.

For the treatment of runs of ventricular extrasystoles:

Orally: 0.5 Gm. (2 capsules) every four to six hours as indicated. Where administration is continued for appreciable periods, there should be occasional electrocardiographic checks to determine the need for the drug. Where there is both kidney and liver disease, accumulation of the drug may occur and continued administration may be hazardous.

IN ANESTHESIA

During anesthesia, to correct ventricular arrhythmias:

Intravenously: 100-500 mg. (1 to 5 cc.). **CAUTION — ADMINISTER NO MORE THAN 200 MG. (2 CC.) PER MINUTE.**

Supply

Pronestyl Hydrochloride Capsules, 0.25 Gm., bottles of 100 and 1000.
Pronestyl Hydrochloride Solution, 100 mg. per cc., 10 cc. vials.

PRONESTYL *Hydrochloride*
Squibb Procaine Amide Hydrochloride

PRONESTYL IS A TRADEMARK OF E. R. SQUIBB & SONS

SQUIBB

4 "Genii" for the Doctor

As promptly and unfailingly as Aladdin was served, the doctor has at his disposal four helpful "Genii" to simplify routine diagnostic work: *Clinitest*, *Bumintest*, *Acetest*, *Hematest*. Using convenient tablet technics, these practical Ames diagnostic reagent tablets are rapid, easy, dependable tests. They are self-contained and portable, requiring neither external heat nor special equipment.

CLINITEST

(brand) Reagent Tablets

for urine-sugar analysis

Bottles of 36 Reagent Tablets;
Carton of 24 Reagent Tablets (Sealed in Foil);
Institutional Packages of 1200 and
3000 Reagent Tablets;
Urine-sugar Analysis Set (No. 2106);
Urine-sugar Analysis Set
(No. 2155 UNIVERSAL MODEL)



Rapid, convenient, reliable,
for the detection and control
of glycosuria.

BUMINTEST

(brand) Reagent Tablets

for albuminuria

Bottles of 32, 100 and 500 Reagent Tablets



Detects clinically significant
amounts of albumin in urine.

ACETEST

(brand) Reagent Tablets

for acetonuria

Bottles of 100 and 250 Reagent Tablets



Handy, quick, and dependable
for recognition of impending
or actual acidosis in diabetes
and other disorders.

HEMATEST

(brand) Reagent Tablets

for occult blood in urine,
feces and sputum

Bottles of 60 and 500 Reagent Tablets
with filter papers



Reveals clinically significant
concentration of occult blood
in feces, sputum or urine.
Especially valuable in
diagnosing unexplained
secondary anemias.

the new Ames DIAGNOSTIC KIT

Includes *Clinitest*, *Bumintest*, *Acetest*,
Hematest in one convenient unit



with 6 test tubes, 3 droppers,
Bumintest Reagent bottle,
dropper service water bottle,
plastic rack, combination
color chart and instructions.

available at your Pharmacy or Supply House

Acetest, *Clinitest*, *Hematest*, *Bumintest*, trademarks reg.

DI-4



AMES COMPANY, INC. • ELKHART, INDIANA

Ames Company of Canada, Ltd., Toronto

Interference can be good—and can be bad



When interference with breathing is caused by a cold—it is bad.

When interference by the physician prevents the patient from using some physiologically undesirable drug—it is good.

Inhaler 'Forthane' (Methyl Hexane Amine, *Lilly*), in addition to providing pleasant and effective relief, is physiologically desirable. Unlike many self-prescribed decongestants, it does not normally produce cardiovascular or psychic disturbances or overconstriction followed by secondary congestion.

Physicians protect their patients from unnecessary risks when they advise that Inhalers 'Forthane' be kept on hand.

INHALER FORTHANE

Detailed information and literature on Inhaler 'Forthane' are personally supplied by your Lilly medical service representative or may be obtained by writing to Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly
SINCE 1876



LILLY SINCE 1876

Teamwork

Many isolated programs of fundamental research were joined for the first time through the discovery of Insulin. Then, promptly following this discovery, the experience and facilities of Eli Lilly and Company in large-scale extraction methods were placed at the disposal of the Toronto Insulin Committee in order to make a suitable commercial preparation available as rapidly as possible.

Teamwork between academic and industrial investigators has resulted in a long series of medical victories. Insulin, sulfonamides, liver extract, and antibiotics are but a few of their mutual achievements.

Thus, industry's aid in the conquest of disease is another splendid example of how the opportunities of free enterprise help make this a better world.



Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

Rocky Mountain

Colorado
Montana
New Mexico
Utah
Wyoming

NOVEMBER
1951

Medical Journal

Editorial

Let's Not Kill the Golden Goose!

UNCLE SAM plans, as we well know, to increase our income tax by at least another 12 per cent this year. Individual incentive is being hit again, having shown a few signs of still breathing! Self-preservation is a primary instinct, and living things fight back when they're down. Retaliation in one form or another occurs. If we need or want some new equipment, why not; if we want to entertain our colleagues, let's do; when another Society has a meeting and the neighboring state its annual convention, let's go! Such things are good; they are legitimate expense; they are justified; we are thereby better doctors. But is the Bureau of Internal Revenue convinced? We understand that skeptical eyes are scanning our declarations and that the reins are being tightened upon business, overhead and operating expenses of medical men.

Those of us who have had intimate dealings with representatives of the Department of Internal Revenue have found them courteous, helpful, and cooperative. They are as pleased to find an error in your favor as in theirs. They are fair and have a right to expect the same honesty, true reporting, and good records from us. There is reason to believe that self-employed professional men are viewed liberally in view of the fact that they cannot anticipate disability coverage or retirement from any employing institution or organization. They must carry their own insurance and, in event of disability and death, must be pauperized if not able to provide for these inevitable exigencies. Furthermore, we do not advertise, and the only means we have of being known among our colleagues is to

meet with them for exchange of views, knowledge, and greetings.

Multiplicity of meetings has been amply discussed in these columns. We believe there are too many, especially in our larger cities. They work a hardship upon our time, pocketbooks, families, and patients. Combined meetings, disbanding of groups whose purposes are otherwise covered, less frequent meetings, et cetera, might simplify the picture—and doctors should not be required to attend meetings whose programs are foreign to their interests.

Granting, however, that meetings are necessary and desirable, let us not jeopardize the privilege of deducting expenses thereof for income tax purposes. We are, thus far, entitled to reasonable time, usual transportation, standard board and lodging, plus registration fees and dues. Uncle Sam has no intention, however, of financing skiing expeditions, rest cures at the beach, or the wining and dining of guests beyond the scope of sensible propriety. We may talk about fabulous parties for visiting dignitaries in Washington, refrigerators, mink coats, and 5 per centers—but we are not, individually, in position to do anything about it.

The point of this editorial is that we little fellows, as physicians, are in a vulnerable spot. If somebody up front gets the impression that we are a bit too prosperous, drive too many Cadillacs, dress our wives too well, travel too far and often, our privileges might be clipped. Bear this in mind when you record your expenditures. A few among us might give the wrong impression, and the entire profession could be denied privileges of inestimable value to our growth, usefulness to the people, and satisfaction to ourselves!

A New Band Wagon— Let It Pass!

ANOTHER spectre is peering over the medical horizon in this changing world. Our colleagues, new and old, are on the move. Young physicians are establishing themselves in the many rapidly growing smaller communities. Older ones are decentralizing—leaving the main business sections of larger communities and opening offices in neighborhood districts, residences, and shopping centers. It is to be expected that professional men would, to a certain extent, follow the trend of business enterprises and the “mushrooming” residential districts. However, we cannot afford to let the fabulous and unnatural inflation now prevailing carry us away from the dignity of our traditional method of practice.

We refer specifically to offices in these new “shopping centers.” New construction with its modern design, glass, floral displays and fixtures is fascinating; it looks like progress—and it is. But it also looks like Hollywood, unnatural, temporary, glamorized and built upon the sand. Many establishments look like baited hooks, to get their share of the high prices, top wages and easy dollars now in circulation—and they are! Furthermore, the landlords have conceived a new method for getting their share. They charge rent, about the same as they would on a normal market, plus a share of the tenants' incomes. For example, we learned of one who asked a professional man for one hundred dollars a month—plus 10 per cent of his gross income. It reminds us of a plumber's bill with labor and materials, plus labor tax, plus state tax, plus 10 per cent overhead, plus 10 per cent profit. All plus—to the consumer! It is all a part of the great vicious circle, a game of roulette which we are all forced to play, and which is whirling us headlong into inflation and ultimately into a depression.

Taking a predetermined portion of income for the space a physician occupies may be interpreted only one way: His income is determined by his location, by the number of people who see his “sign” or pass his door, by the number who drop in “off the street” because he happens to

be there. In other words, he is in line with the beauty parlor, the barber shop, the 5-and-10, the bakery and the hardware store. His patronage is not then based chiefly upon professional education, knowledge, skill, fair dealing and favorable reputation. The traditional ideals and dignity of his profession are subdued and secondary; he is, in a way, part of a racket; his house is being built upon shifting sands to rise and fall, to inflate and deflate with the dollar. He is not establishing himself as family doctor to permanent families, their children and grandchildren, to make friends and more friends through ability, favorable reputation, and good will.

Let us not fall for this, doctor. Think it over from every angle. Read again your State's Medical Practice Act. Look back over your profession's traditions and ideals. And look forward to your own future and your ultimate pride in a substantial reputation won through labor and the loyalty of grateful patients.



How Big Is a Series?

IT IS trite to be reminded that there are lies, damn lies, and statistics. Not meaning to reopen the old debate about whether the word “statistics” is singular or plural, we believe a colleague has recently given a practical demonstration of what a statistic is. He presented a series of three cases, one of whom died. Thus the mortality rate of a certain condition was 33 1/3 per cent! Doctors are said to be poor students of mathematics and of English, but we could easily avoid some classical examples in speaking and writing which indicate that the contention is based upon ample evidence.

Medical students are taught to beware of teachings based upon one case; “beware of the doctor with one case,” they are told. Older colleagues are often quietly amused by the younger enthusiast who has read a book, been impressed by an article, or seen a case from which he has drawn profound opinions and authoritative conclusions. This condition is a state of mind which might be classed among the borderline psychoses. Prognosis is generally good in the young.

Cure is usually spontaneous, takes time, and is facilitated by hard knocks. Friendly comments of contemporaries, especially of the curb stone variety, are helpful; subtly caustic discussion by elder brethren in meetings helps engender insight. And insight is a favorable prognostic sign in psychopathic states.

When we talk or write officially, remember that "per cent" has to do with a hundred or more, statistics is really plural and, if you don't have much to say, make it very brief!

*The Art of Medicine**

"WHAT TYPE of medical service will be available to my friends and patients when I can no longer serve them?

"I am concerned over the reluctance and oftentimes the refusal of recent graduates with ample intern and residency training to undertake practice in small or rural communities.

"I am concerned at the results of the latter-day methods of determining fitness for entrance to medical schools, methods that seem to overlook entirely the fact that, as long as medicine, agriculture, and industry shall endure, there must be laborers in the field to carry out the findings of scientific research, or that the rough plank in the stable floor often serves a more useful purpose than when polished and laid in a ballroom.

"Let them forget the A's and B's in the premedical courses and inquire more deeply into the character, the courage, the resourcefulness, the aspirations and aims of the candidate. Then get him out in practice before years of internship and residency have placed him in the same category as the overtrained bird dog who blinks his birds.

"In spite of the many changes in the world, in living conditions, economic improvement, the people haven't changed much through the three generations with which I have been privileged to practice, as far as their reaction to illness is concerned. John Jones III and Mary Brown

III present about the same list of complaints that their grandfathers and grandmothers did; they are equally anxious to get relief and are much less concerned with the diagnosis than with prompt treatment that promises comfort and cure. While John the third and Mary the third will accept hospital care, surgery, and the like with less reluctance than their forebears, they still would prefer to be a private room patient in their own home, with all the little sympathetic attentions there available, and under the frequent attention of the physician of their choice who brings to the sick room an atmosphere of confidence and cheer, than to spend long, weary lonesome hours in a hospital bed.

"I am concerned, even as you are, over the threat of a nation-wide infection that strikes at the roots, not only of medicine, but of agriculture and industry and everything that is 'America the Free.' An infection that to my mind is parasitic in origin, arising in the jungles of the sob sisters, the parlor pinks, the do-gooders, activated by the gas bacillus of power-seeking politicians. An infection that I feel cannot be treated successfully by the barbiturates of prepaid hospital and medical insurance and the psychosomatic therapy of argument and persuasion.

"It is an infection that needs the intensive, deep therapy of better distribution of qualified physicians throughout all communities, men or women of determination who are ready, willing, and able to make themselves an integral part of the economic, social, and fraternal life of the community, with courage and self-confidence, the ability to meet emergencies with calmness, and that indescribable something that inspires confidence; who realize that neither illness nor accident recognizes Thursday and Sunday off; who are willing to drive a Ford instead of a Cadillac for a few years.

"Men and women must again bring to the front that relic of bygone days, 'The Art of Medicine,' and use it in their application of the scientific advances of recent years. Then the physician will recover his rightful place in the sun of public opinion, unobscured by the mirage of his workshop."

*Excerpt from address of John R. MacElroy, Jonesville, N. Y., before the 144th Annual Meeting of the Medical Society of the State of New York, 1949.

Original Articles

GERIATRIC ABDOMINAL SURGERY*

ROBERT M. duROY, M.D., and KENNETH C. SAWYER, M.D.
DENVER

Geriatric abdominal surgery has become a matter of great practical importance especially when it is recognized that there are over twelve million persons in this country who are age 65 or older. Moreover, it is estimated that there will be over twenty-two million such persons by 1970. These are staggering figures when contrasted with the 600,000 who were age 65 or older in 1850, just 100 years ago.

Because of the ever increasing importance of abdominal surgery in older people we have made a study of 100 major abdominal operations which we performed on eighty-seven patients whose ages were 70 years or older. We have arbitrarily selected 70 years as the beginning of our geriatric age group. It is believed that this study is significant and brings out information that should be of value and encouragement to surgeons and older patients as well. These patients have been divided into groups according to the disease condition for which operated.

General Statistical Data

In the series of cases in the present study, there were 100 abdominal operations performed on eighty-seven patients who were seen in the period of 1945 to 1950. There were thirty-seven males and fifty females whose ages ranged from 70 to 95 years. The average for the entire group was 74.85 years. There were two main criteria for the selection of patients for this study as follows: (1) the patients had to be 70 years of age or older and (2) they must have undergone one or more major abdominal operations. With this basis of selectivity in mind we shall consider the separate disease entities which brought these patients to abdominal surgery.

Diseases of the Biliary System

There were twenty-four persons, seven males and seventeen females, who were operated for gallbladder disease. Eleven were acute and thirteen chronic whereas two of the twenty-four were reported later as having primary carcinoma of the gallbladder. At the time of operation four of the acute cases were ruptured and four were gangrenous. Five of the acute cases had cholelithiasis but none had common duct stones. Of the chronic group one had common duct stones alone, four had both cholelithiasis and choledocholithiasis whereas two had only cholelithiasis. All patients with common duct stones had jaundice with one having a cholecystoduodenal fistula.

Acute cholecystitis was most common in this group and seemed to be as frequent as in the usual "fair, fat and forty group." However, the pain was usually more diffuse, sometimes lower in the abdomen and often lacked any scapular reference. Scout x-ray films were helpful since stones in older individuals are often radiopaque. It is interesting to note that several of our patients had a history of cholecystitis in middle life followed by long symptom-free periods.

As to the operative procedures in these cases: Twenty-one had cholecystectomy, one had gallbladder drainage only, one was explored and a biopsy taken whereas another had a closure of her perforated gallbladder with insertion of drains. The mortality rate in the entire biliary group was 20.83 per cent. One 95-year-old patient had a spontaneous rupture of the common duct although no cause for same could be determined. She died of pulmonary embolism on the eighth postoperative day.

Malignant Neoplasms of the Large Bowel
Carcinoma of the large bowel was re-

*From the Department of Surgery, University of Colorado School of Medicine, Denver, Colo.

CHART 1

Chart Summarizing the 100 Major Abdominal Procedures Carried out on Eighty-seven Patients 70 or More Years of Age

Disease	No of Operations Performed	Average Age	Died	Operative Mortality Rate
Biliary disease.....	24	75.0	5	20.83%
Large bowel malignancies.....	*24	76.22	6	33.33%
Gastric neoplasms.....	9	75.66	2	22.0 %
Hernia	8	74.0	0	00.00%
Small bowel lesions.....	6	77.83	2	33.33%
Appendicitis	2	72.0	0	00.00%
Diverticulitis	2	75.0	0	00.00%
Ca. of head of pancreas.....	2	70.50	0	00.00%
Abdominal aneurysm	1	75	0	00.00%
Gastric polyposis	1	70	0	00.00%
Miscellaneous	4	71.8	0	00.00%
Total number of procedures.....	100	†74.85	15	‡17.24%

*Eighteen patients.

†Average age for entire group.

‡Mortality rate for entire group.

The mortality rate of 17.24% represents 15 deaths in the 87 patients. However, several patients had two or more surgical procedures at intervals of a few days to several months. On the basis of number of surgical procedures (100)—the revised mortality statistics would be 15 per cent.

sponsible for twenty-four operations on eight patients in our series, six patients requiring two surgical procedures each. There were seven males and eleven females between 70 and 86 years of age. In order of frequency the malignant lesions were located as follows: (1) Rectosigmoid region (eight cases); (2) ascending colon (three cases); (3) rectum (two cases); (4) cecum, transverse colon, splenic flexure and descending colon (one each).

Many of these older patients had noticed abdominal discomfort, change in bowel habits or even bleeding for rather long periods of time before seeking medical advice. This is typical in many geriatric patients and unfortunately permits serious lesions to become advanced or inoperable by the time a physician is consulted. Thus we need much in the way of "patient education" for this disease alone kills over 27,000 people in the United States each year.

The operation of choice in most of our older patients with rectosigmoid lesions was cecostomy followed by a resection of the affected portion of the gut and a primary anastomosis. An initial decompression of the bowel for obstruction was necessary in six patients. In most other cases

the lesions were removed and an anastomosis performed at the initial operation. There were six deaths in these eighteen patients, a 33.33 per cent mortality.

Among the more unusual cases were: (1) A tumor of the left ovary with metastasis to the rectosigmoid resulting in intestinal obstruction. This patient died on her second postoperative day. (2) A reduplication of the gastro-intestinal tract in the ileocolic region in a carcinoma-obstructed 72-year-old male. (3) One patient with carcinoma of the cecum had an associated acute appendicitis with perforation at the carcinomatous site and a paracolic abscess. An initial transverse ileocolostomy was followed in a month by a hemicolectomy with good results.

Peptic Ulcer

There were five gastric and twelve duodenal ulcers in thirteen males and four females between 70 and 81 years of age. As in younger patients we considered the same criteria for surgical intervention as follows: (1) Intractable pain. (2) Perforation. (3) Recurrent hemorrhage. (4) Obstructions and (5) Possible malignancy.

Two gastric ulcers and one duodenal ulcer produced intractable pain requiring

subtotal gastric resection with a posterior gastrojejunostomy. A subtotal gastric resection was performed for hemorrhage in four gastric and three duodenal cases. A 70-year-old man recovered uneventfully following a subtotal gastrectomy with posterior gastrojejunostomy for a perforated duodenal ulcer. Two patients had ulcers of the duodenum with obstruction. In one a posterior gastrojejunostomy and a vagotomy were performed whereas a gastro-enterostomy was the operation of choice in the other.

The pathologist did not find malignant changes in any of the specimens examined. The average postoperative hospital stay was only fourteen days which compares very favorably with younger patients. The postoperative complications in this group were: auricular fibrillation in one, broncho-pneumonia in one, low urinary output in two cases for several days whereas one had a ruptured gallbladder on the twelfth postoperative day although no gallbladder pathology was found at the original operation. This latter patient made a complete recovery as did all other patients in this group.

Gastric Neoplasms

Gastric neoplasms in nine of our cases, six males and three females, revealed eight malignant tumors and one benign tumor. These were differentiated as follows: six were adenocarcinomas, one carcinoma simplex, one sarcoma and one hemangioendothelioma. Metastasis to the liver, colon, peritoneum, gastrohepatic ligament or other adjacent structures were noted in seven patients.

Our operative procedures consisted of subtotal gastrectomy combined with a posterior gastrojejunostomy in six cases; biopsy only in one widely metastasized case; an anterior gastro-enterostomy in one and a subtotal gastrectomy with resection of the lower end of the esophagus in the patient with adenocarcinoma of the cardiac end of the stomach. This latter patient died on the first postoperative day. There were two postoperative deaths. Two patients were discharged as unimproved and five as improved in this group of cases.

Unfortunately most gastric malignancies are seen by the surgeon too late for a curative operation yet the following case is illustrative of the beneficial results obtained at times. A 74-year-old male had epigastric pain, vomiting, hematemesis, tarry stools, and had lost fifteen pounds over a three-month period. He was very anemic and had coronary artery disease. At operation he had a carcinoma of the stomach wall with metastasis to the liver. A subtotal gastric resection combined with a posterior gastrojejunostomy and a partial hepatectomy was performed and the patient was discharged from the hospital on his twenty-first postoperative day. He was alive and well three years later at age 77.

Hernia

There were eight patients operated for various types of hernia. Six were females and two males, and all were between 70 and 81 years of age. It is interesting to note the types of hernias that were found in this group as follows: two females with strangulated inguinal hernias; one male and one female with hiatus hernia; one male with an intrathoracic stomach associated with his hernia; one male with an indirect inguinal hernia; one woman with an umbilical hernia and one with a strangulated femoral hernia.

Three women had strangulated hernias associated with obstructive symptoms. Two had strangulated inguinal hernias which is rather uncommon in the female sex. Bowel resection was not necessary in any of these patients. The two hiatus hernia cases had long histories of epigastric pain, indigestion, and occasional vomiting. There were no deaths in this hernia group.

One 74-year-old female had an umbilical hernia present for over fifty years and her case bears interest enough for special mention. Only when the hernia became very large and cumbersome did she seek surgical assistance. At operation the sac of the hernia which was 10 inches in diameter at its base contained a patent urachus at its inferior margin and a considerable portion of the small gut and transverse colon were

adherent to the anterior wall of the hernial sac. This patient was completely relieved following operation.

Lesions of the Small Bowel

Lesions of the small bowel were present in five females and one male whose ages ranged from 73 to 88 years. It is pertinent to note the association of intestinal obstruction in five patients, two being due to malignancy. One had a carcinoma of the third portion of the duodenum and the other a papillary adenocarcinoma of the jejunum. The three other obstruction cases were due to lesions as follows: (1) strangulation and gangrene of a portion of the small gut, (2) volvulus in the mid-ileum and (3) omental bands constricting the terminal part of the ileum. In the first two of these the affected portion was resected and the bowel continuity re-established by a primary anastomosis.

The sixth patient, who did not have obstruction, presented a carcinoma of the ampula of Vater associated with painless jaundice. The operative procedure consisted of the first stage of a duodeno-pancreatectomy, cholecystojejunostomy, jejunojejunostomy, and a posterior gastro-enterostomy. The patient had a stormy postoperative course and died on his seventh postoperative day of cardiorenal failure. The other death in this group was a female with carcinoma of the third portion of the duodenum who succumbed on her twenty-ninth postoperative day from cardiac failure.

Appendicitis

We realize that appendicitis in older patients does not ordinarily produce a "typical clinical picture." Often the symptoms are of a milder nature and the patient will wait too long before consulting a physician. Only after there is gangrene or rupture will some patients seek medical help. This naturally contributes to the fact that the greatest mortality in acute appendicitis occurs after 60 years of age.

Our series includes two cases of acute appendicitis. One was mentioned above as associated with carcinoma and perforation

of the cecum. The other patient, a woman aged 70 years, had symptoms of forty-eight hours' duration with a gradual onset. At operation she was found to have an acute gangrenous appendix. She developed auricular fibrillation on the first postoperative day but this was controlled with purdigin. Wangenstein suction was used for forty-eight hours to relieve some abdominal distension. There were no deaths in these cases.

Diverticulitis

Although diverticulitis is a rather common condition in older individuals we encountered but two cases in this study of eighty-seven patients. These two patients were 70 and 80 years of age. One had a chronic diverticulitis and was operated upon to relieve a constricting band in the rectosigmoid region which had produced intestinal obstruction. The other patient had an early perforation and was treated by excision of the affected area with an end to end anastomosis and a cecostomy. Both patients survived with good recovery.

Associated Diseases

As would be expected in older age groups, many of our eighty-seven patients had associated diseases or conditions such as arteriosclerosis, coronary artery disease, arterial hypertension, thrombophlebitis, diverticulosis, pulmonary tuberculosis, cystitis, malnutrition, and various neoplasms. In retrospect, however, we cannot consider that these associated conditions played any significant part in the operative mortality. In our opinion, most of the patients with significant complicating diseases or conditions tolerated surgery very well. We attempted to give very careful preoperative and postoperative attention to all such diseases or conditions. The professional assistance of a competent internist was invaluable in many of our patients. We must also stress the importance of a highly competent anesthesiologist who is invaluable at the time of operation.

Summary

We have presented a brief study of eighty-seven patients, 70 years of age or

older, who had 100 major abdominal operations between the years of 1945 and 1950. We believe that these geriatric patients tolerated their abdominal surgery very well. Even the mortality rate of 17.24 per cent compares favorably with younger age groups if we consider the serious nature of the diseases for which operated and the complicating diseases present. Moreover, the reluctance of many older patients to seek

medical assistance results in more advanced disease conditions when eventually seen by a physician. We believe that the results in our series of patients should encourage surgeons in the ever increasing field of geriatric surgery. We also believe that geriatric patients should be encouraged to seek medical assistance earlier, for results such as these should prove most encouraging to them.

PRESIDENTIAL ADDRESS*

V. P. WHITE, M.D.

SALT LAKE CITY

It has been a great honor to serve as President of the Utah State Medical Association. It also has been a privilege to work with the fine physicians who have so faithfully served on the Medical Council. I thank the men who have unselfishly worked on the numerous committees. Those who have not served in this capacity little realize the amount of work they do for the organization and how important their work is.

In ordinary times, the efforts of the Council have been spent on strictly medical matters and the orderly supervision of the Society. However, these are not ordinary times, and we have been forced to divide our efforts and fight not only physical disease but also political disease. We realize the great strides made in medicine that have resulted not only in making this American nation the healthiest nation in the world but in prolonging the life expectancy of the citizens almost twenty years during the last half century. There is much less fear of illness, pain and suffering among the people now than at any other period in the history of the world. The medical profession as a whole can take pride in being largely responsible for thus making life a more pleasant experience than ever before, and the prospects of conquering the few remaining great killers such as cancer have never been brighter.

To offset these great achievements for man's happiness, however, another terrible disease has developed in the festering European slums. The hate-ridden degenerate minds of revolutionists usually seeking personal power have succeeded in persuading or forcing whole nations of people to bow to their leadership. In most of the world outside North America, liberty is dead. Free agency and the right to worship God is curtailed and the people reduced to slaves of the state. Strange as it seems, all this has been done in the name of democracy and freedom with a promise of security.

In America, we have felt "This cannot happen here," but we have been rudely awakened to find that America too is sick and is being poisoned by propaganda disseminated by high government officials, left wing labor leaders, and a host of fuzzy thinking so-called social reformers. They promise **security**. At present, a majority of the men seeking positions are more interested in job security, health benefits, decreasing hours of productivity, and early pensions than in finding a job with rewards for initiative and hard work. Security is something to be achieved through years of personal effort and should not be something handed out with one's first job; that is, if he belongs to certain favored groups of labor. Security can be an opiate and kill initiative. Insecurity is a powerful stimulant that causes men to exert themselves to the utmost in ingenuity, creative think-

*Delivered September 12, 1951, at the Fifty-Seventh Annual Meeting of the Utah State Medical Association.

ing, and purposeful work. When security has been earned, it is a proud achievement. When it comes just from joining the "right" organization, it leads to stagnation both of the individual and of the enterprise. Beware of men who demand an equal share of the good things of life but are unwilling to work to earn them through their own efforts.

The men of the medical profession love America and her free institutions. Many of us have had first-hand experience with European socialism and especially some form of socialized medicine, and we know that our system, while admittedly not perfect, is far superior to anything any other people have to offer. When free enterprise in the United States is threatened and the socialization of medicine is attempted, it becomes the righteous duty of the members of the profession to right this evil with all of the power with which God has endowed us.

We won a spectacular victory over the forces of socialism and communism last fall, but rest assured the forces of evil are not permanently beaten. Their recent defeat only inspires them to a more cunning and subtle attack. We must not think that this was entirely a vote of confidence in the medical profession, but it was a protest of the thinking people of America against the destruction of free enterprise and the substitution of regimentation and socialism. **Alone** we could not have achieved our victory and we must rally to the causes of those who helped us whenever their institutions are attacked, for when one falls we all fall even if they pick us off one by one. The **final goal** of the **planners** is the destruction of our free institutions, regimentation, and enslavement under the guise of security. The twenty years of additional life under such a program might be considered by the people to be a curse rather than a blessing.

There has been a wicked and insidious spreading of misinformation about our profession by our enemies, and we must actively counteract these untruths with the truth. In order to help combat this vile propaganda, the Medical Council has

launched a program of selling the medical profession to the public. On the recommendation of Dr. N. F. Hicken and his committee, who supervised the Healing Arts Campaign so effectively last fall, we have hired public relations and advertising men to acquaint the public through newspaper, radio, television, and other means, of the true aims and work of our profession. Among other things, the public should know how we freely give service to charity. It is surprising to find how many people believe that physicians are paid for the charity work they do for hospitals, religious and other organized charity. They will be told of our public health program, our regulation of the work done in hospitals to see that the patients are protected and that only the highest type of work is permitted. They will be told of the ethics of the profession, and how, by the organization of the Board of Supervisors, the public may be protected from overcharges or poor service.

The Council has also joined in sponsoring the full page newspaper advertisements of the Small Business Economic Foundation, Incorporated. These advertisements are designed to develop and promote a better understanding of the American way of life. We have done this as a reciprocal act, as by far a greater amount of financial aid has come to our program from business organizations than has been contributed by physicians. Remember, 65,000 individuals and business firms contributed to our national campaign against socialized medicine last fall. In this fight for freedom from socialization, we must all stand together and show that we are fighting for principle and not narrow self-interest.

We must also as individuals enter into this educational campaign. Most patients respect and trust their doctor, and have learned that he is a hard-working, conscientious person like their other friends and neighbors.

We constantly hear of the high cost of medical attention with the implication that physicians are charging exorbitant fees. During the last week of July, 1951, the United States Department of Commerce re-

leased their survey of physicians' income. This report shows that while the average civilian physician's income has doubled during the last twenty years, this has been due to three factors: better collections, greater "output per physician," and a moderate increase in fee schedules. The United States Bureau of Labor Statistics has just released figures showing that during the inflationary period from the outbreak of the Korean war until the first of this year, physicians' fees have advanced less than one and two-tenths per cent. Overhead has increased for the physician, but his charges have not increased in proportion.

Explain that average inclusive hospital rates today have increased from about \$5.00 in 1939 to above \$18.00 at present in Salt Lake City, and in some cities are around \$30.00 per day. Doctor bills do not as a rule place a great burden on a family, but a prolonged hospital stay may ruin them financially. Urge your patients to get covered by voluntary health insurance; especially is Blue Cross hospital insurance necessary. Blue Shield coverage is a great bargain for the patient. The local Blue Cross at present pays out in hospital claims 85 per cent of the premiums collected and still manages to keep in sound financial condition.

The Blue Shield really pays out in service for surgical care, even when figured at the very lowest rates of the Industrial Fee Schedules, considerably more than the premiums it collects. It can do this because the payments are in services and the doctors take the loss. Readjustments here are definitely in order and it is hoped that this organization will soon be on as sound an actuarial basis as is the Blue Cross.

Both organizations give the public more for their money than the private carriers seem to be able to do. The 1950 report of the Department of Business Regulation of the State of Utah shows that of the total premiums collected from casualty business written by all life insurance companies licensed in the state, there was paid back in claims 40 per cent in group accident and health insurance, and 44 per cent in non-cancellable accident and health policies. I

hope this program may be developed until eventually anyone who wants this health insurance can get it, but that no one will ever be compelled to take out health insurance against his will. The directors of the Blue Shield are to be complimented on their devotion to this organization. They give many hours of their time and receive no remuneration for their services. The organization is fundamentally sound, and is continually improving. There are many problems to be worked out, but it is to be hoped they can soon be solved and the program prove mutually advantageous to the patients and to the physicians.

Do not be embarrassed in discussing fees with the patient in advance of any medical or surgical treatment. You know about what your charge will be for the work planned, and if the patient understands this charge and agrees to it in advance, no trouble over fees should develop.

The public should know that while there is a good living in the practice of medicine, doctors do not become wealthy men. The United States government has just released figures on the cost of medical education, and estimates the average cost to the student in income not earned and money paid out after leaving high school until internship is \$30,000. The medical schools also spend over \$12,000 on each student for his four years' training. If he spends five years in preparing for a specialty, I believe we can safely figure a personal outlay of at least \$50,000 and a total outlay of \$62,000. A doctor starting his private practice is a highly trained expensive machine. Most men do not start private practice until they are in their thirties and most are in debt. They cannot afford expensive endowment insurance until later, and by that time premiums are very high or they are unable to pass physical requirements. Very few physicians are able to retire from practice, but are forced to work as long as, and longer than, they are physically able.

Freedom of medical practice is being jeopardized in another direction: Insurance carriers and employers in our state claim the legal right to require their policyholders or employees to receive treatment for

accidents from a physician whom they designate. I believe this interpretation of the law by two previous attorneys general is open to question. They held that the employer or carrier paying the insurance or the doctor bill has the right to designate who shall render the service. However, on final analysis, the patient is paying the bill, either as part of a salary deduction or so-called fringe benefits, or by direct premium payments. The physician should not become an employee of the corporation, but should be the representative of the patient. Cases are reported where a patient has been refused permission to choose his own physician, or has been taken away from the care of his family physician even after treatment has been started, and sent to a physician on the carrier's or employer's panel. The industrial work of this community is gradually being channeled to a few physicians. One carrier went so far as to refuse payment of claims unless the treatment was given in one designated hospital. This practice can and often does result not only in the loss of one case to the family physician, but may result in his loss of the entire family.

I recommend that with legal help the Legislative Committee have a law drawn up to be presented to the next session of the Legislature giving the patient the legal right to choose his own physician. There will be powerful forces with considerable financial backing opposing this law, and therefore, we must be prepared well in advance. The Legislative Committee should have this proposed bill as well as its other legislative measures drawn up before the election next year so that a positive legislative program can be presented to the members of this Society well in advance of the meeting of the Legislature. The physicians throughout the state, if they approve these bills, can then personally contact their patients who are elected legislators and explain these bills to them. It is too late to get much attention from a legislator during the session of the Legislature for he is being lobbied by a great many interests and is often terribly confused. If his family physician visits him shortly after his elec-

tion and explains the Society's legislative program to him, I believe after calm thoughtful discussion he would be willing to pledge his support to our program. We must ask only for those things which are unselfish and just, and will be for the ultimate benefit of our patients and the preservation of the American way of life.

Most cordial relations exist between the Utah State Medical Society and the University of Utah College of Medicine. Dr. John Z. Bowers, Dean of the School, has consulted the Council on all problems which might be of interest to or affect the physicians in private practice.

Through use of the Kellogg Fund, free short postgraduate courses are offered to the physicians throughout the state in their home towns. The physicians of a community need only to decide on the subject of the course, notify the Medical Council, and experts in that field, chosen from the medical school faculty and physicians in private practice, will be sent to give this instruction. I feel that every community should take full advantage of this wonderful opportunity.

The Medical Council has inspected the Medical School and finds that there is a great need for a new science building with adequate lecture rooms and physical equipment for proper student training as well as research work. Great sums of money for research in medicine are being donated to our school from out-of-the-state sources. The school has the recognized research personnel, and these grants should not be jeopardized by lack of a properly equipped building in which to carry out this work. The Council has recommended this building program to the President of the University, to the Board of Regents, and to the Governor, and now suggests that the individual physicians throughout the state use their influence with the legislators of their districts to promote this needed addition to our great medical school.

The American Medical Association has asked its members to contribute to the American Medical Education Foundation for the support of medical schools. In making these contributions, which are tax-de-

ductible, it is perfectly proper for you to specify that they be designated for use of the University of Utah College of Medicine.

We should all study the report of Dr. J. G. Olson, the State Coordinator for Medical Service for Civil Defense, and should require the emergency supplies suggested. A physician is of little help at the scene of a disaster if he has nothing with which to work. The small cost and trouble of acquiring these personal supplies could be repaid by the relief of much suffering and a possible saving of many lives.

I believe the delegate to the American Medical Association should be a member of the Medical Council. At their frequent meetings the members of the Council become acutely aware of the medical, ethical,

and economic problems of the profession. Our representative can only get this overall picture by participating in these meetings.

I want to thank the officers and members of the Woman's Auxiliary for their unselfish and efficient work in our fight against socialism. They have always been willing to accept any task assigned to them. Members of the Medical Council, at the Auxiliary's request, will act as an advisory board with them so that their work may be more definitely directed.

In closing, may I ask that we all rededicate our lives to the service of our fellow-men, to the preservation of our American freedoms, and to the honor and progression of our profession.

PREVENTING SOCIALIZED MEDICINE IS OUR JOB*

PRESIDENTIAL ADDRESS

K. E. KRUEGER, M.D.
ROCK SPRINGS, WYOMING

It has been a pleasure the past year to have served you as President of the Wyoming State Medical Society. In many respects this has been like a primary education to me, because little did I know of the complexities of the office of President. Were it not for the Councilors and the chairmen of the various committees, I would have been unable to carry on the work of the State Society this past year. I have selected a few subjects which I think are important in our fight against the attempts to socialize medicine.

The fear of out-and-out socialization of medicine is somewhat subdued, due to the wonderful work of the A.M.A. under the leadership of Whitaker and Baxter. However, we dare not let down for one brief moment. The powers in Washington are still thinking up ways and means of getting in through the back door and socializing medicine as they have some parts of industry, agriculture, and natural resources.

Doctors have come to realize that they can no longer sit back and say, "Let the A.M.A. do the work for us." Every doctor

is going to have to do his share. This was proven by the Florida physicians in their campaign to defeat Senator Pepper, and also by the Ohio doctors in their campaign to re-elect Senator Taft. Not only in Florida, but in many other states, the power of the doctors was felt during election time.

The Florida physicians formed a committee which was non-profit, non-partisan, and completely independent of organized medicine at national, state, or county levels. The committee is being continued and will study issues of government record, platforms of candidates aspiring to state and national offices, and make this information publicly available. One of its major aims is to encourage and stimulate physicians toward better and more active citizenship.

The A.M.A. advocates the voluntary insurance plan as a means of defeating socialized medicine. We have our own Blue Shield Plan; this we must support from a state, county and individual level. If every doctor, and every county society could recognize and accept the simple proposition, the problem would be solved. In order to help put the voluntary health insurance plan across, we should find means of study-

*Delivered September 27, 1951, before the Forty-eighth annual meeting of the Wyoming State Medical Society.

ing the various forms of insurance policies so that when our patients come to us with questions concerning the policies we can give them an intelligent answer regarding the insurance which they have purchased. This could be done by having a committee in the county society report on some of the plans of the various insurance at our regular meetings.

Another vital objective of the A.M.A. is a program in every state and county for better physician-patient relationship. We have need for improved public relations in doctors' offices; we need to devote a great deal of attention to eliminating overcharges, office inefficiency and discourtesy. More important, however, we must put medicine's houses in such good order that the causes of many of the present criticisms are eliminated. To do this, it is obvious that we must maintain a good relationship between the doctors in the county societies and also between the county societies and the State Society. I have given much consideration to the subject of how we can get more members to cooperate with the State Society, and I believe that Wayne County in Detroit, Michigan, has hit on a good plan. Return post cards were mailed out to the entire roster of members, asking each man to state his particular interests and on which of the various committees he would be willing to serve. They had 50 per cent of the society's members return the cards stating that they would be glad to cooperate in any activity assigned to them, and they did cooperate. It would be easier to do that in our State Society than it was for them in a county society. The members think that the card surveys not only secured many new members but also indirectly stimulated the interest of the entire membership in society affairs. This could be tried in our State Society.

In conclusion I would like very much to stress that there are other things that are just as dangerous, if not more so, than socialized medicine; for instance, state socialism every day is becoming a more serious threat to our country. We can very well use Britain to illustrate the importance of curbing state socialism.

We are very fortunate indeed that the doctors of this country realize the situation and are in a position to educate the millions of Americans who do not.

At present there is no indication of a broad program of compulsory health insurance, and if there were bills pressed for enactment, they would be defeated.

There are still ways, however, that medical freedom can and may be lost. Still pending in Congress are "fringe" bills which if enacted could destroy medical freedom.

We must also realize that every time another group becomes socialized it makes medical freedom a little more insecure. Socialized farming and socialized law, if they ever come to this country, would undoubtedly be closely followed by socialized medicine.

I have attempted this morning to bring out a few of the important methods of defeating socialized medicine. Voluntary health and medical insurance, improved physician-patient relationship and efforts to make our State Societies stronger, will all help to lay a foundation for the preservation of medical freedom.

MEDICAL STUDENTS TO PUBLISH MAGAZINE

The first issue of the Journal of the Student American Medical Association, a seventy-two-page publication, will make its appearance in January, Russell F. Staudacher, executive editor, has announced.

Published nine months of the year—skipping July, August and September when schools are closed—the magazine will have a circulation of more than 33,000. It will be sent to 26,191 medical students and approximately 7,000 interns.

The Journal's contents will be approximately one-half editorial and one-half advertising. About 80 per cent of the editorial space will be equally divided between scientific articles and socio-economic articles.

Objectives of the organization are: (1) advancement of the profession of medicine; (2) contribution to the welfare and education of medical students; (3) familiarization of its members with the purposes and ideals of the medical profession; (4) preparation of its members to meet the social, moral and ethical obligations of the profession of medicine.

"The Student American Medical Association will provide the young doctor with a broader realization of the socio-economic aspects of medicine," Mr. Staudacher said. "It will demonstrate to tomorrow's doctor his duties and responsibilities not only as a physician but as a citizen of the community. It will show the young doctor why the nation's medical schools need his enthusiastic support to continually improve medical education."

INDICATIONS AND CONTRAINDICATIONS FOR CESAREAN SECTION*

EUGENE S. AUER, M.D.

DENVER

Cesarean section is growing in importance year by year as is attested by the growing volume of literature and time allotted to the subject on various postgraduate and medical society programs. For many years the incidence of Cesarean section in our best teaching institutions remained at an almost constant rate of 2 to 3 per cent. During the past ten years, coincident with the introduction of sulfa drugs and particularly the various antibiotics, the Cesarean section rate in these same institutions and in the hands of the same operators has more than doubled. In other hospitals where teaching has not been a factor, an incidence of Cesarean section approaching 10 per cent of all deliveries is not too uncommon. Generally speaking, about 92 per cent of all pregnancies will end spontaneously, if given sufficient time, which means that at present more than half of the babies that cannot deliver unaided are delivered abdominally. The indications for Cesarean section can be stated briefly: Any set of conditions that makes this method a safer procedure for the mother and her baby than delivery through the natural birth passage.

Cesarean section is an extremely simple surgical procedure, but this fact should never allow the operation to take the place of a good sound knowledge of obstetrics. It is our objective to present to our students the opportunity to learn as much as possible of the physiology of pregnancy and the mechanisms of labor. We attempt to teach them as much as possible about the anatomy of the pelvis and the normal processes of pregnancy and labor. With such a good background, the student does not find it too difficult to differentiate the normal from the pathologic. It is my feeling that Cesarean section should not be used indiscriminately to terminate every

pathologic condition of pregnancy simply because it is a relatively simple surgical procedure that has become relatively safe. It is important to remember that the same factors that have made Cesarean section a safe procedure have made vaginal delivery an even safer one.

The first and foremost indication for Cesarean section is cephalo-pelvic disproportion. This disproportion may be absolute or relative. The absolute disproportion as determined by pelvic mensuration is a rare condition, one in which no fetus of average size could be delivered through the birth canal with safety. And here I wish to emphasize the fact that the external pelvic measurements that are usually taken by the obstetrician when the patient first presents herself for examination are of no value whatsoever and could easily be omitted without jeopardy to any patient. Internal examination will give two important measurements—the diagonal conjugate and the distance between the ischial spines. The latter cannot be accurately measured, but if the spines are prominent, the examiner should be suspicious of a mid-pelvic contraction. The distances between the ischial spines and between the ischial tuberosities, which are easily measured, are roughly the same. If the latter are shorter than normal, then x-ray measurements should be taken at some suitable time before the expected delivery. It is my rule to obtain x-ray measurements in every case in which the promontory of the sacrum can easily be felt by vaginal examination or when the ischial spines are prominent. It is my rule to have these measurements taken as the patient approaches term, so that the relation between fetal head and maternal pelvis can better be determined than to have actual measurements of the pelvis alone. In many primipara, the pelvis appears to be normal when examined early in pregnancy, but as the

*From the Department of Obstetrics and Gynecology, University of Colorado Medical Center.

patient approaches term the fetal head does not engage in the pelvis. If the fetal head has not engaged as determined by a rectal examination about ten days before the expected date of confinement, x-ray measurements should be made. A surprisingly large number of these women with unengaged fetal heads will show varying degrees of mid-pelvic contraction. It is my rule to allow all of these women a good test of labor with ruptured membranes and, if after an adequate test of labor, the head still remains unengaged, or if in my opinion a difficult mid-forceps delivery is to be expected, a section is done at once. It is in these cases that the incidence of Cesarean section should increase, for section is far preferable and far safer for both mother and baby than a difficult mid-forceps delivery. We cannot begin to estimate the damage that has been done to the maternal pelvis and the damage that has been done to fetal brains by the difficult mid-forceps deliveries that were done before we were able to more accurately determine by x-ray that a relative cephalopelvic disproportion did exist in the mid-pelvis.

We hear much about the funnel pelvis, but in a reasonably large number of deliveries, I have never encountered a true funnel pelvis, nor have I ever had difficulty in delivering a fetal head that had safely passed through the mid pelvis. For this reason, I am inclined to by-pass the proposition that outlet contraction alone is an indication for section.

As the number of Cesarean sections done in first pregnancies increase, so necessarily will the number of sections increase that are due to previous sections. You have all heard the dictum "once a section, always a section." The older one gets, the more one is inclined to agree. A few years ago, I was inclined to deliver from below all patients who were sectioned in previous pregnancies for placenta previa, toxemias, and other conditions that were not apt to recur in whom a normal postoperative course was reported or known. Although rupture of the uterus is a rare condition, I have more fear of it now than I have

had in the past and, as a result, I am willing to go along with the old dictum. The only exception that I now make is when the patient has had one or more normal deliveries before her section. Then I am willing to assume the necessary risks and allow labor to proceed in a normal manner.

The third and possibly the most important indication for section is placenta previa. Every gravid woman who presents herself in the last trimester of pregnancy with painless bleeding from the uterus must be considered a candidate for section. Because of its relative frequency, every case of painless bleeding that occurs during the last months of pregnancy should be suspected of being a previa; lateral, marginal or central. If the bleeding occurs early in the last trimester and is not severe and stops spontaneously, the best course to follow is to temporize and attempt to make sure of the diagnosis, using the x-ray if necessary as an important aid. The placenta can be demonstrated radiographically in practically 100 per cent of the cases, using a soft tissue technic. Additional information may be obtained by filling the bladder with certain radio-opaque materials. In most cases, a diagnosis can be made with a great degree of certainty. If placenta previa is present, steps must be taken to safeguard the patient's future, the most important of which is to have the patient typed and cross-matched with the proper donor to insure necessary blood replacement at the time of delivery. The patient must be warned to report future bleeding at once and must be hospitalized at the very onset of her bleeding episode. When it occurs, immediate preparation for delivery should be made with the operating room held in readiness. The patient is prepared for a vaginal examination in the operating room which will reveal the true state of affairs. If a central placenta previa or a lateral placenta previa is found, section should be proceeded with without delay. In practically all cases of marginal previa, the bleeding will be controlled by rupture of the membranes, but if the bleeding is not controlled at once by this method, section should be done. It is important

to remember that bleeding alone is not an indication for section until a vaginal examination has been made to prove the diagnosis. If this vaginal examination is made, a surprisingly large number of sections will not be done because the vaginal examination will reveal either a complete absence of previa or a previa whose bleeding can easily be controlled by some other more conservative method. We have all seen cases of profuse painless bleeding near term in the primipara with an extremely rigid cervix, precluding the possibility of digital examination beyond the external os. These are extremely rare, but when encountered a section is definitely indicated. Again allow me to emphasize the fact that Cesarean section should never be done without at least one vaginal examination.

In my own experience pre-eclampsia is one of the most common indications for section, but as time passes the indication seems to be getting less and less. Based on past experience, pre-eclampsia has been an indication for a fairly large number of sections. The usual story is that of the young primigravida approaching term who suddenly develops a marked albuminuria, hypertension and pitting edema. She is hospitalized and conservative treatment of rest, sedation, hypertonic glucose, et cetera, is instituted. Practically all of the patients respond favorably to this form of therapy, but occasionally there is one who gets worse instead of better. The albuminuria does not clear up. The pressure remains the same or goes even higher. Immediate delivery is indicated to prevent eclampsia, but usually the patient is not ready for induction by medical means. It is here that section offers the safest and surest method for successfully terminating pregnancy. It is my feeling that, except in the rarest cases, when this same syndrome occurs in the multiparous woman, section is contraindicated, as medical induction with artificial rupture of the membranes will terminate the pregnancy in a relatively short period of time. If labor cannot be induced successfully in the multigravida, the pregnancy can always be terminated safely by section if the clinical picture so indicates.

Many abdominal deliveries are done for that vague condition known as uterine inertia. These are the cases seen in women who enter the hospital at term with irregular, ineffectual contractions of the uterus accompanied with a varying amount of pain, depending entirely on the pain threshold of the individual. The contractions become a little harder, the patient complains a little more and she is given some sedation, after which labor ceases completely for an indefinite length of time, only to start up again spontaneously or as a result of injections of an oxytocic drug. The same process is repeated many times, none of the episodes resulting in very much cervical dilatation or descent of the presenting part. This we call inertia. If the contractions seem to be of better quality and last a longer period of time and the patient complains even more bitterly of her pains but cervical dilatation does not take place, the condition may be called cervical stenosis or a rigid undilatable cervix. It is my belief that practically 100 per cent of these cases can be and should be delivered from below if there is no other obstetric indication present. Practically all of these cases will go into a normal type of labor if given sufficient rest between their episodes of pain, and if they are given the proper amount of fluids and sustenance. Time and patience are the essential factors in the management of these stubborn cases. In many of them the combination of an occiput posterior and/or a mid-pelvic contraction will be found as the true cause of the dystocia. In the latter case a section may be indicated, but as a treatment of that complex condition spoken of as uterine inertia, section is contraindicated, except to relieve the pressure of the patient's family from the shoulders of the obstetrician, or to relieve the obstetrician from the strain of a long labor.

We are often faced with the problem of large fibromyomata of the uterus complicating the pregnancy of colored patients and the pregnancy of elderly primipara. We are faced with answering the question of whether or not these tumors will interfere with normal delivery or perhaps make

normal delivery an impossibility. We must also decide whether or not hysterectomy would be imminent in these patients if pregnancy did not exist. We also must consider the possibility of postpartum hemorrhage in the pregnancies that are complicated by fibroid uterus. A thorough pelvic examination at the onset of labor will usually answer the question as to the probable interference with the normal mechanisms of labor. If the tumor is obstructing the birth canal, vaginal delivery will be impossible and section with myomectomy or hysterectomy is obvious. If, in the opinion of the obstetrician, hysterectomy would be indicated because of the size of the uterus, entirely disregarding the pregnancy, then it becomes equally obvious that Cesarean-hysterectomy at term is the method of choice for delivery of the child. It must be kept in mind that many a patient with multiple fibroids, or multiple fibromyomata seem to have a regression of their tumors following delivery and, by the same token, women have been seen with small tumors that grew with extreme rapidity immediately after delivery. The conservative obstetrician will probably allow most women with fibromyomata of the uterus to deliver normally from below and follow with hysterectomy at some time if the tumor presents symptoms that are indications for surgery. The more radical obstetrician will do a Cesarean-hysterectomy in every case that is complicated by fairly large fibroid tumors. I will deviate for a moment to state that fibromyomata as such are no indication for hysterectomy—they must first give rise to some symptoms such as bleeding, pain or rapid growth. Practically all of them will regress and disappear spontaneously after the menopause.

Are malpresentations an indication for Cesarean section? There are definite indications for section in some malpresentations. Section is indicated in every case of transverse presentation that does not resolve itself into a vertex at the onset of labor. It is true that version and extraction can safely be done in many of these cases, but section is a safer method for

delivery of these babies and should be a preferred procedure. Every face presentation with the chin posterior is better delivered from above than to await rotation which may or may not occur. One of the major problems is that presented by the breech presentation. As a general rule, breech delivery should not present too great a problem, but at this time I am not concerned with a discussion of the methods of breech delivery and why it should not be particularly hazardous for the baby. The fact remains that the literature and the textbooks make the positive statement that fetal mortality in breech delivery is many times that seen in vertex deliveries, all other factors being equal. Therefore, the question is, "Is Cesarean section indicated in breech presentations and if so, when?" My answer to this is yes, but only in the elderly primigravida whose present pregnancy may be her only one and in those other individuals who give a history of previous difficult deliveries, whether or not a cause for those difficulties can be found. We have all seen patients who give a history of past difficult deliveries with perhaps a stillborn or a damaged infant. Thorough examination fails to reveal a cause for the difficulties. I do not feel that we are justified in advising such a woman to go through another labor with a breech presentation. There are probably other factors present of which we know little or nothing, and because of these unknown factors which probably complicated the previous deliveries, section should be indicated in this following pregnancy. This brings up the question as to the proper treatment in the case of the patient who presents herself with a history of a previous long labor and difficult delivery ending with a stillborn infant or, in some cases, two such deliveries with either stillborn or damaged infants. Almost to a woman they state that the doctor who delivered them said that he should have done section instead of allowing them to go through such a long labor and hard forceps delivery. When these women come to us they should have as complete a pelvic examination as possible, including radiographic pelvimetry.

A large percentage of these so-called normal women will have a mid-pelvic contraction, or some other cause will be found to account for the difficulties that were previously encountered. If, perchance, the pelvis appears to be normal, then that woman should be given an adequate trial of labor with ruptured membranes. After a relatively few hours of good labor with little or no progress, a section is definitely indicated. However, experience proves that in practically all of these cases, delivery from below will prove to be a simple matter. The probabilities are that the cause of the previous long, tedious labor was an unrecognized occiput posterior or some other unrecognized mal-position of the head, or perhaps due to soft tissue dystocia.

It is not unusual to see women in the latter years of their child-bearing capacity who have had plastic operations on the vagina and the cervix for the repair of injuries received at previous deliveries. On occasion we may encounter the scars of extensive rectal surgery. The decision as to whether or not these conditions are indications for section is always a serious problem. I can recall two cases that may be of some interest. The first was a colored woman who had had two normal deliveries. She then developed multiple fistulae-in-ano, as a result of a granuloma inguinale involving the rectum and perineum. She had a long series of recto-perineal operations, causing her to be hospitalized for the greater portion of two years. Healing took place with a great amount of scar tissue and the proctologist who referred her to me insisted that an average sized baby passing through that vagina could not be delivered without breaking down the little tissue that remained between rectum and vagina. Several consultants agreed with the proctologist, so a section was done from which the patient recovered uneventfully. Two years later, she became pregnant again and section with sterilization was contemplated. Either fortunately or unfortunately, the forces of nature intervened; she went into labor two days before her section was scheduled and when she entered the hospital with membranes ruptured, the cer-

vix was completely dilated and the head on the perineum. Because of the conditions present, an episiotomy was impossible and unnecessary, as she delivered spontaneously without any damage to the rectal sphincter. The second case is that of a woman of forty-three who had one delivery prior to an extensive vaginal plastic operation for cystocele, rectocele, and second degree prolapse. According to the operative note, a typical Manchester operation, including the amputation of the cervix, had been done. She became pregnant six months after her surgery and was delivered abdominally, for it was agreed that vaginal delivery would be difficult, because of the cervical amputation; and that if this obstacle was overcome there was no way of preventing the recurrence of her cystocele and rectocele, to say nothing of the prolapsus. Two years later she became pregnant again and absolutely refused section, even though she was told that she was risking a long, hard, and perhaps impossible labor and the possibility of breaking down her previous good surgical results. Labor at term was normal. She was delivered of a seven pound two ounce baby through a deep episiotomy and low forceps. Three years have elapsed since this latest delivery and there is no evidence whatsoever of a recurrence of her cystocele, rectocele, or prolapse.

These two cases prove nothing except the fact that no hard and fast rule can be made in this type of case. If your judgment in delivering these women from below proves to be good, you become a hero as far as the patient, her friends and relatives are concerned. If your judgment proves poor and a ruptured uterus or a complete decensus of the uterus and bladder results, you are considered a shoemaker rather than an obstetrician to all who are concerned. And, unfortunately, there seem to be many more concerned with the patient who obtains a poor result than with the one who obtains a good result.

Less frequent than the textbooks and the literature would indicate do we see a case of premature separation of the placenta. This condition is seen late in pregnancy

and as a rule presents no great emergency as the separation is partial and the amount of bleeding is either small or has been controlled by natural means. There are some cases that must be treated actively as soon as seen. I speak of the patient who is seen complaining of excruciating pains with a uterus that is board-like in consistency, with or without a sizable amount of bleeding. In most of these cases there is more concealed hemorrhage than the hemorrhage in the vagina. There are two schools of thought so far as treatment of this condition is concerned. First, those who favor sedation, rupture of the membrane, oxytoxic drugs to induce contractions and a tight abdominal binder or Spanish Windlass. The followers of this train of thought claim excellent results. For myself, I advise an immediate section when these cases are seen, even though we are usually dealing with a dead fetus. The only exception to this rule is the patient who has already gone into active labor when she enters a hospital and a vaginal examination reveals a cervix that is dilated far enough to insure early delivery. The amount of external bleeding, as has been stated, may be minimum and the patient go into shock because of the concealed hemorrhage that is present in the uterus. In every case that is delivered from below or above a sufficient amount of blood should be present for replacement purposes and for the combating of shock.

Cesarean section is indicated in other conditions that are seen with less frequency than the conditions mentioned; namely, cancer of the cervix, diabetes, ovarian tumors obstructing the pelvis and occasionally a pulsating prolapsed cord that offers hope of obtaining a living child if delivery can be effected at once.

The busiest obstetrician may go a lifetime and never see pregnancy in an associated cancer of the cervix. Certainly if seen early in pregnancy, therapeutic abortion is indicated, after which the proper treatment of the cancer can be instituted. When seen late a Cesarean-hysterectomy should be done as soon as possible.

Because of the abnormally large size of babies born to diabetic mothers and because of the great tendency for death in utero to occur during the last two to four weeks of pregnancy, section has been the method of choice at the thirty-sixth to thirty-eighth week of pregnancy. With the advances that have been made in the treatment of diabetes in pregnancy, it is more than possible that the size of the fetus will be better controlled, that death will not occur with such alarming frequency in the last weeks of the pregnancy and that section will not be indicated as a mode of delivery except when other obstetrical indications are present.

As a rule, ovarian tumors are recognized early in pregnancy and are removed surgically at some time after the viability of the fetus. It is extremely rare to see an ovarian tumor that will obstruct the pelvis at term, for most of these are usually displaced upward and delivery can be effected in a normal manner. In the rare case of a solid tumor of the ovary that does prevent delivery by mechanical means only, it is obvious that section offers the only hope of successfully completing the pregnancy.

Probably the rarest complication of pregnancy is the discovery of a pulsating prolapsed umbilical cord through a cervix that is not widely dilated. When it is seen and an examination reveals no likelihood of early delivery from below by either version and extraction or forceps, section is indicated in the best interests of the child. It is well to bear in mind the possibility and probability of the cord ceasing to pulsate by the time preparations have been made for and the abdominal operation done. I know by personal experience of only one case in which there was a complete prolapse of the cord and a section done with a living child delivered. I know of several cases in which section was either contemplated or done and a stillborn child delivered. I can think of nothing worse than to subject a woman to an abdominal delivery in the hope of obtaining a living child, with the necessity of informing her later that the child was stillborn and could just as well have been delivered vaginally.

Generally speaking, this sums up the indications and some of the contraindications for section. Before closing, I will mention four other conditions in which section is contraindicated. A few years ago, when the Rh factor was first being discussed, a number of competent obstetricians either believed or hoped that premature delivery of the fetus would result in less erythrocytosis. It was their opinion that if erythrocytosis in the child was to be expected because of the rising titer in the mother, and if pregnancy could be terminated at once, they would be more apt to obtain a good baby than if the patient was allowed to proceed to term and be delivered normally. This theory has been exploded and at the present time most of us are of the opinion that the fetus, if delivered prematurely by section or any other method, is subjected not only to the hazards of erythrocytosis but to the added hazards of prematurity.

Cardiac disease as such is not an indication for section. In the past it was not unusual to see the patient who was well compensated, or fairly well compensated, taken to the operating room for a section for the purpose of terminating the pregnancy. It was considered to be a safer procedure than normal labor. Most cardiologists today agree that the cardiac patient is best allowed to go into labor normally and to have that labor proceed in a normal manner until the cervix has been completely dilated and the head descended to the level of the pelvic floor. At that time, labor should be terminated under some form of local anesthesia with a forceps delivery to prevent the bearing down pains at the end of the second stage of labor. It is true that a certain number of patients will decompensate during their labor, but no proof has yet been presented that this same patient and perhaps many more would become decompensated had they been subjected to a major surgical procedure.

At this time it is hardly necessary to state that section is not an accepted method of treatment for eclampsia.

It was stated in the beginning of this

discussion that about 92 per cent of all patients will deliver spontaneously if given sufficient care and time. A large number of conditions were listed and discussed in which section was definitely indicated. Despite the many indications, it is felt that when the patient is in good hands the incidence of Cesarean section should never exceed 5 per cent.

Case Reports

PRIMARY PELVIC TUBERCULOSIS

OSCAR J. ROJO, M.D.
SHERIDAN, WYOMING

It is the opinion of most authorities that primary pelvic tuberculosis does not exist, although a few cases have been reported as such. In this case all laboratory procedures have failed to reveal the primary focus.

CASE REPORT

Mrs. M. J., a 24-year-old white female, married for two years, was first seen on July 8, 1950, complaining of pain in the left lower quadrant, and of menstrual irregularity. Her menarche was at the age of 13, with a menstrual cycle every twenty-eight days of five days' duration. During the six months prior to my first examination her menses have been irregular, on the average of twenty-one days and lasting from seven to fifteen days. The pain in the left lower quadrant had been present off and on for about ten months with exacerbations at the time of her menses. This pain radiated to her lower back. Because of this pain, a laparotomy had been performed about six months before by another surgeon in another community. At that time, an appendectomy with a partial right oophorectomy and a uterine suspension were done. Her past history from a medical viewpoint revealed only the common childhood diseases. Her family history was non-contributory.

The physical examination revealed a well-developed white female, 5' 5" tall and weighing 125 pounds. The hair distribution was normal and the mucosae were slightly discolored. The funduscopic examination was essentially normal. There were no cervical, axillary or inguinal adenopathies. Her blood pressure was 126 systolic, 80 diastolic. There was a soft systolic murmur which was considered functional. Examination of both pulmonary fields was unrevealing. Her liver, kidneys, and spleen were not palpable. There was slight tenderness of both lower quadrants of the abdomen, but there were no palpable masses. Pelvic examination revealed a nulliparous introitus; cervix was clean with a round cervical os; the uterus was about 7 to 8 cm. in length and of normal shape and position. Examination of the adnexa revealed a cystic

* Presented at the Memorial Hospital of Sheridan County before the Sheridan County Medical Society on January 26, 1951.

mass the size of a tangerine on the left which was very tender and fixed; there were no masses in the right. Laboratory findings were as follows: emoglobin, 74 per cent (Leitz colorimeter); erythrocytes, 3,900,000; leucocytes, 5,200; urinalysis, essentially negative; differential: polymorphonuclears, 65 per cent; lymphocytes, 33 per cent; monocytes, 2 per cent. Her chest plate was negative for cardiac or pulmonary pathology. The clinical impression was left tubo-ovarian mass, secondary anemia, and sterility.

It was decided to treat the patient medically for a period of two weeks and to recheck the above findings at that time. Her previous history was requested. Two days after this consultation the patient was again seen complaining of severe pain in the lower abdomen, chills, and a temperature of 101 degrees. She was admitted to the hospital with a diagnosis of a left tubo-ovarian abscess and exacerbation of a chronic salpingitis following the examination at the office. Her laboratory data upon admission: hemoglobin, 76 per cent; erythrocytes, 4,000,000; leucocytes, 17,000; differential: polymorphonuclears, 89 per cent; lymphocytes, 8 per cent; monocytes, 3 per cent. Catheterized urinalysis showed 14 to 16 pus cells per HPF. Vaginal and cervical smears showed primarily a mixed infection with streptococci and staphylococci.

Antibiotic therapy was instituted immediately using 300,000 units aqueous penicillin and 1 gram dyhydrostreptomycin as an initial dose followed by 200,000 units penicillin and ¼ gram streptomycin every three hours. She responded well and became afebrile within twenty-four hours and her pain subsided. Nevertheless, four days later, her leucocyte count was 22,600 with a differential of 68 per cent polymorphonuclears, 30 per cent lymphocytes, and 2 per cent monocytes. The urinalysis was negative. The pelvic examination revealed bilateral adnexal masses, the one in the left side larger than on previous examination.

Inasmuch as the patient was afebrile and I was convinced that she had bilateral tubo-ovarian abscesses, a laparotomy was deemed necessary and performed. At surgery the gross findings were: left tubo-ovarian abscess with adhesions to the posterior wall of the uterus and to the sigmoid; the right tube and ovary were enlarged; there were several tuberculous implants on the serosa of both tubes, the left ovary, the left infundibulopelvic ligament and the sigmoid. A superacervical hysterectomy with bilateral salpingo-oophorectomy was performed. The cervix was spared since tuberculosis of the cervix is very rare and because the cervix had a normal appearance. The patient received 500 c.c. of blood during surgery and antibiotic therapy was continued thereafter. Her postoperative course was uneventful. She was discharged on the seventh postoperative day and the laboratory data at that time was: hemoglobin, 85 per cent; erythrocytes, 4,200,000; leucocytes, 9,500.

The previous medical record was received three days after surgery and it revealed that at the time of her previous surgery, several implants had been observed over the pelvic peritoneum and the tubes, which had been interpreted as endometriosis. Biopsy, however, had revealed these to be of a tuberculous nature. Roentgenologic examination of the chest at that time was reported as negative.

Since her most recent surgery, which was performed ten months ago, this patient has had chest plates every three months which have

been interpreted as "negative pulmonary findings." Guinea pig inoculations with her urine have been done on three occasions and have been reported each time as "negative for tubercle bacilli."

Her surgical menopause has been under perfect control by the administration of premarin 1.25 mg. daily for twenty-five days of each month. She has gained ten pounds and she claims to feel better than ever. Repeated pelvic examinations have been entirely negative and her cervix appears very clean and healthy. The pathologic report reads as follows: tuberculous salpingitis and oophoritis with subacute myometritis and acute suppurative salpingitis.

Comment

Radical surgery was necessary in this case not only because of the pelvic tuberculosis, but also because of the tubo-ovarian abscess. I have seen two previous cases of ruptured tubo-ovarian abscesses due to delayed surgery, one of which was fatal.

Perhaps her early management should be criticized, for no treatment was instituted following her first operation once the diagnosis had been established by the pathologist.

X-ray therapy for genital tuberculosis has been advocated by many experienced gynecologists such as Schmitz, Campbell, Shauta, and others. It was introduced by Bircher in 1908. The changes observed in some of these cases where actually frozen pelvices become normal on pelvic examination three to six months after treatment is sometimes dramatic.

As pointed out by Herbert S. Schmitz, irradiation therapy has been neglected by many gynecologists. Those cases diagnosed as tuberculosis by curettage, biopsy, or cultures should be treated with x-ray and streptomycin therapy. If tuberculosis is diagnosed at the time of laparotomy, and the ovaries are diseased, radical surgery should be done. Sometimes radical procedures may not be feasible because of the patient's condition. In these cases, a biopsy should be taken, the abdomen closed, and x-ray with streptomycin therapy administered. The x-ray dosage is 5 to 50 per cent of E.S.D.

Prolonged treatment with streptomycin has been used successfully by some gynecologists such as Sered and Falls, who recommend six to eight weeks of treatment prior to surgery, followed by another three weeks of streptomycin therapy postoperative.

USE OF TERRAMYCIN IN TYPHOID FEVER*

JAMES J. BULGER, M.D.
GREAT FALLS, MONTANA

The therapeutic effect of chloramphenicol has been established in typhoid fever. The following case of proved typhoid fever accidentally treated by terramycin is now reported because no previous reports of the use of terramycin in typhoid fever have been found.

CASE REPORT

The patient, a 33-year-old married white woman, was first seen in the office on December 5, 1950, complaining of fever, chills, and headache for a period of over one week. Temperature on examination in the office was 102.2° by mouth. The physical examination was otherwise negative. The patient was hospitalized with an admitting diagnosis of influenza.

On admission to the hospital, the urinalysis, apart from a two-plus albumen, was within normal limits. The hemoglobin was 11.8 grams and the red blood cell count 4,270,000. White blood cell count was 5,000 with 56 per cent polymorphonuclears and 44 per cent lymphocytes. The Kahn test was negative. On the day following admission the temperature rose to 105° by mouth and the patient suffered a severe chill. At this time a blood culture was taken. Medication consisted of aspirin, phenacetin and caffeine for headache, until the sixth hospital day.

On that day terramycin in dosage of 500 mg. every six hours was started. The temperature, which until that time had reached 102° by mouth each day on one or more occasions, fell to 99° after four doses of terramycin and thereafter was never above normal. Forty-eight hours after initiating terramycin the laboratory reported salmonella typhosa growth on the blood culture taken the day following admission. Terramycin was continued for a period of eight days.

The patient showed a dramatic clinical response to the exhibition of terramycin. The subsequent course was uneventful. Repeated stool cultures after the institution of terramycin therapy were negative for salmonella typhosa. The type of organism grown from the blood culture was identified by the laboratory of the Montana State Department of Health as being, "s. typhi, Phage Type E."

Comment

This case of proved typhoid fever responding to the use of terramycin is reported so that the therapeutic value of this drug may be further tested in this illness. It is to be kept in mind that the defervescence might have occurred in this case without

the use of the drug, as the patient was in a rather late stage of the illness. This possibility seems remote from the clinical course and the very rapid response of the patient following the use of this drug.

Since the above observations were made it has come to my attention* that six additional cases of typhoid fever have been treated with terramycin, four of which have responded satisfactorily.

*Personal communication from W. Alan Wright, M.D., Director of Medical Service, Antibiotic Division, Chas. Pfizer and Co., Inc., Brooklyn 6, N. Y.

REPORT OF A CASE OF BARBITURATE POISONING SUCCESSFULLY TREATED WITH PICROTOXIN AND AM- PHETAMINE SULFATE

PAUL HARTENDORP, M.D., and
ROBERT HAYES, M.D.

DENVER

The treatment of barbiturate poisoning presents a challenge to the busy practitioner. The following case is presented as one which illustrates some of the common problems.

CASE REPORT

This is the case history of Mrs. S. B. A., a 43-year-old white woman who could not be aroused by her family on the morning of November 11, 1950. The family physician was called and observed that the box containing twenty-four 90 mg. Seconal capsules which he had prescribed the previous day was empty. He administered 210 mg. caffeine sodium benzoate without result and made arrangements for immediate hospitalization.

Upon arrival at St. Luke's Hospital physical examination showed a well-developed, well-nourished female of approximately the stated age who was comatose. She presented the following signs: Temperature 100°(r); pulse 88; respirations 24; blood pressure 98/62; and weight 134 pounds. Examination of the skin showed giant urticarial wheals over the inner aspects of both knees, both ankles, the lateral aspect of the left hip and on the upper lip. The conjunctivae were injected and the pupils were 3 mm. in diameter and equal, but no light or accommodation reflexes could be elicited. The gag reflex was absent. The chest was clear to auscultation and percussion. The heart was not enlarged and no murmurs were heard.

Neurological examination showed corneal, gag, abdominal and patellar reflexes to be absent and no response to painful stimuli. There was total flaccidity of all major muscle groups. A provisional diagnosis of 1) barbiturate poisoning, urticaria, barbiturate etiology, and conjunctivitis was made.

*From the Department of Medicine, Columbus Hospital, Great Falls, Montana.

Course and Treatment in Hospital

It was felt that this patient represented a case of severe barbiturate poisoning. Accordingly it was decided to use picrotoxin therapy and the following regimen was instituted: At 08:03 11/14/50: 1) oxygen by mask, continuous, 2) SR penicillin 400,000 units stat and daily, 3) an indwelling catheter, 4) shock position with feet elevated, blankets, etc., 5) patient to be turned each half hour, 6) intravenous infusion of saline in which picrotoxin was placed so that each ml. would contain 1 mg. of picrotoxin, arranged with a two-way stop-cock so that normal saline could be run in intermittently without picrotoxin. At first picrotoxin was given intravenously at a rate of 40-50 drops per minute until eyelid twitchings appeared.

Picrotoxin was stopped but a generalized convulsion followed. This was quickly interrupted with a small amount of intravenous sodium pentothal. The patient quickly lapsed into coma again. Picrotoxin was given until eyelid twitchings appeared again, and again a generalized convulsion followed and was interrupted in a similar manner. Picrotoxin continued to be given until 380 mg. had been infused in thirty-four hours. At this time vital signs had stabilized, reflexes had returned, and some withdrawal to painful stimuli was noted. It was felt that medullary function was returning, and a cortical stimulant such as amphetamine sulfate should be used as suggested by Myerson, Billow, etc., and accordingly, two doses of 20 mg. were given intravenously. In a matter of one hour, the patient was beginning to respond verbally and it was felt that conservative therapy could be substituted for analeptic therapy.

By 08:00 of her third hospital day, she was swallowing, moving about restlessly, and able to speak some words. In the remaining days, she improved steadily. The pneumonia which she developed in spite of penicillin therapy disappeared. The urticaria also disappeared. On 11/20/50 neurological examination revealed no neurological lesion or mental deterioration, and the patient recalled taking another thirty-six 45 mg. capsules of Seconal or a total dose of 3780 mg. of Seconal. She was discharged 11/20/50.

Comment

The above case posed the problem of what analeptic agent to use. We felt that picrotoxin was the one of choice. We supplemented the picrotoxin with amphetamine sulfate when we felt that medullary function had returned and felt that higher center stimulation would be beneficial. Billow, Nabarro, Newmand and Feldman feel that the combination of picrotoxin and amphetamine sulfate is the most efficacious plan of analeptic therapy. It seemed to us

that amphetamine sulfate would be useful only after lower center function had been restored.

The method of administration was by continuous intravenous drip after the method of Boyd. The literature indicates that picrotoxin should be discontinued when eyelid twitchings appear. Even though this was done, generalized convulsions followed. One is inclined to wonder if there might not be some better sign by which one might be guided to prevent these convulsions.

In spite of SR penicillin, 400,000 units and turning, the patient still developed a hypostatic pneumonia. This seemed to be a most significant point in management and it is wondered if something more could have been done in its prevention.

Gastric lavage was not performed because the patient was comatose and it was felt that the dose in the stomach had been there for some hours. Murphy, Dooley, and Jones feel that in cases similar to this, lavage would be contra-indicated because of aspiration difficulty. We were inclined to agree and no aspiration difficulties were encountered.

A careful record of basic information regarding depth and rate of respirations, blood pressure, pulse, temperature, corneal reflex, gag reflex, patellar reflex, pupil size and light reflex, response to painful stimuli, and state of consciousness was plotted on a graphic chart each half hour as suggested by Gold. It was felt that this simplified method of keeping a running record of the patient's condition was a valuable aid and is heartily endorsed for use by house staff personnel of hospitals such as our own.

Summary:

A case of ingestion of 3780 mg. of seconal by a 43-year-old white woman who was comatose for thirty-five hours in the face of picrotoxin and amphetamine sulfate therapy in which a total of 380 mg. of picrotoxin and 40 mg. of amphetamine sulfate were given is hereby reported. The patient recovered and was discharged after six days of hospitalization.

Organization

National Affairs - Proceedings - Programs - Society Notices - News - Auxiliary

INCOMING AND OUTGOING MONTANA LEADERS



Pictured September 15 in Great Falls as a new administration took over leadership of the Montana Medical Association at the Annual Session are those who headed the organization for the past year and those who will do so for the 1951-1952 year. From left to right, Dr. Frank L. McPhail, Great Falls, incoming President; Dr. Clyde H. Frederickson, Missoula, retiring President; Dr. E. H. Lindstrom, Helena, Secretary-Treasurer, and Dr. Herbert T. Caraway, retiring Secretary-Treasurer, who entered on active duty with the medical corps of the U.S. Air Force last spring. Minutes of Montana's Annual Session will be published in an early issue of the Journal.

NEW MEXICO Medical Society

Twelve Complaints Settled by Board

New Mexico Medical Society's Board of Supervisors reports that it has met four times and acted on twelve complaints during 1951. Approx-

imately half of the cases have been decided in favor of the patient and half in favor of the physician.

The cases have arisen concerning excessive fees, unprofessional conduct, and unethical relations between physicians.

The Board further reports that in two cases court suits that had been threatened or were pending were withdrawn and an amicable settlement was arranged through the Board's mediation.

(The Council on Pharmacy and Chemistry of the American Medical Association has adopted the following statement of Actions and Uses and of Dosage for publication in connection with a description of Banthine Bromide for inclusion in New and Nonofficial Remedies)

METHANTHELINE BROMIDE.—*Banthine[®] Bromide (Searle)*

β -diethylmethylaminoethyl 9-xanthenecarboxylate bromide

Actions and Uses.—Methantheline bromide, a parasympatholytic agent, produces both the peripheral action of anticholinergic drugs such as atropine and the ganglionic blocking action of drugs such as tetraethylammonium chloride. Tolerated amounts of methantheline bromide exert side effects typical of atropine-like drugs, but cause less tachycardia, and also less postural hypotension than does tetraethylammonium chloride. Toxic doses produce a curare-like action at the somatic neuromuscular junction.

Clinical studies indicate that the drug effectively inhibits motility of the gastrointestinal and genitourinary tracts and, to a variable degree, diminishes the volume of perspiration and salivary, gastric and pancreatic secretions. It also decreases mucoprotein secretion. Like atropine, it produces mydriasis and cycloplegia when applied locally to the eye or administered systemically, but until more clinical evidence becomes available, its local use for this purpose is not recommended. The value of the drug for preventing abnormal cardiac reflexes through the vagus during thoracic surgery, or as an agent for routine preoperative medication in place of atropine, requires further investigation before final conclusions can be reached.

Methantheline bromide is indicated for clinical use whenever anticholinergic spasmolytic action is desired, provided it is not contraindicated because of its atropine-like characteristics or because of a patient's intolerance to the unavoidable side effects of such therapy. It is useful as an adjunct in the management of peptic ulcer, chronic hypertrophic gastritis, certain less specific forms of gastritis, pylorospasm, hyperemesis gravidarum, biliary dyskinesia, acute and chronic pancreatitis, hypermotility of the small intestine not associated with organic change, ileostomies, spastic colon (mucous colitis, irritable bowel), diverticulitis, ureteral and urinary bladder spasm, hyperhidrosis or control of normal sweating which aggravates certain dermatoses, and control of salivation.

Methantheline bromide produces some degree of cycloplegia and mydriasis in therapeutic doses and

therefore should not be administered to patients with glaucoma. It sometimes decreases the ability to read fine print. Xerostomia (dryness of the mouth) is a common, sometimes transient, side effect. Urinary retention of varying degree may occur in elderly male patients with prostatic hypertrophy, and some patients may have difficulty emptying the rectum. Patients with edematous duodenal ulceration may experience nausea and vomiting during initial administration of the drug. These patients should take only liquids during the institution of drug therapy. All patients should be advised of the possible occurrence of side effects. Overdosage sufficient to produce a curare-like action may be counteracted by prompt subcutaneous injection of 2 mg. of neostigmine methylsulfate.

Dosage.—Methantheline bromide is administered orally or parenterally by either the intramuscular or intravenous route. Parenteral administration is not advised for patients able to take the drug orally. The average initial adult dose, oral or parenteral, is 50 mg. For patients with considerable intolerance, 25 mg. may be employed. In the management of peptic ulcer, a beginning schedule of 50 mg. three times daily before meals and 100 to 150 mg. on retiring is suggested. However, the usual effective dose is 100 mg. four times daily, although some patients may require more or less than this amount. The dosage may be increased to tolerance, using dryness of the mouth as a guide, and adjusted to meet the individual response of patients. Maintenance dosage in peptic ulcer is usually considered to be about one-half the therapeutic level. In the management of other hypermotile or hypersecretory states, the dosage should be adjusted to the smallest amount which will relieve the symptoms. When spastic conditions are secondary to inflammatory or other organic lesions, therapy directed toward the cause should be employed whenever possible.

G. D. SEARLE & CO.

Tablets Banthine Bromide: 50 mg.

Ampuls Banthine Bromide: 50 mg.

COLORADO State Medical Society

NEW LICENSES ISSUED

At their regular quarterly meeting held on October 9, 1951, the Colorado State Board of Medical Examiners authorized issuance of licenses to practice medicine to the following physicians:

- Eugene Edward Ahern, M.D., 6709 Harriet Ave., Minneapolis, Minn.
 Arnold Curtis Anderson, M.D., 1444 Elizabeth St., Denver, Colo.
 Paul George Becker, M.D., 2111 Greenwood Ave., Pueblo, Colo.
 Roy Francis Carpenter, M.D., 732 Main St., Montrose, Colo.
 John Lewis Crenshaw, Jr., M.D., 115 S. Fourth St., Grand Junction, Colo.
 Walter Grayburn Davis, M.D., V. A. Hospital, Denver, Colo.
 David Dunbar Dugan, M.D., 48 Central Ave., Hamburg, N. Y.
 Glenn Taylor Foust, M.D., 1640 E. Third Ave., Denver, Colo.
 Warren Gillette, M.D., 785 Twentieth St., Boulder, Colo.
 Robert Lloyd Gunderson, M.D., 1245 Josephine St., Denver, Colo.
 William Lawrence Hawley, M.D., Los Alamos, N. M.
 John Collins Hays, M.D., 329 Stonebridge Blvd., St. Paul, Minn.
 George Waltermann Holt, M.D., V. A. Hospital, Denver, Colo.
 Robert Hunter Hughes, M.D., 2101 Quince St., Denver, Colo.
 D. Joseph Judge, M.D., Mayo Clinic, Rochester, Minn.
 Joseph Ray Langdon, M.D., 1840 E. Tenth St., Indianapolis, Ind.
 John Luther Lightburn, M.D., 1015 Bonnie Brae Blvd., Denver, Colo.
 Evelyn Geneva Martindale, M.D., St. Joseph Infirmary, Houston, Texas.
 Homer Glenn McClintock, M.D., 644 Royce Ave., Pittsburgh, Pa.
 Arnold Alfred Michals, M.D., 314 W. Pine St., Lodi, Calif.
 John Joseph O'Hearne, M.D., 880 Clermont St., Denver, Colo.
 Stephen Bailey Phillips, M.D., Box 106, Fort Logan, Colo.
 William Elon Rapp, M.D., 4800 E. Gibson Ave., Albuquerque, N. M.
 Donald Gerry Schmidt, M.D., 2365 S. King St., Denver, Colo.
 Richard Singer, M.D., 1169 Scranton St., Aurora, Colo.
 Nathaniel Balfour Slonim, M.D., 2123 Gaylord St., Denver, Colo.
 Edward Scott Stephenson, M.D., 2315 Oneida St., Denver, Colo.
 Barbara Stofor, M.D., 2315 Oneida St., Denver, Colo.
 Charles Howland Stiffler, M.D., 2205 W. Bijou, Colorado Springs, Colo.

Obituary

ANDERS J. O. LÖF

Dr. Löf was born in Goteborg, Sweden, in 1867 and died in Denver, Colorado, on October 5, 1951. He came to America at the age of 20 and graduated in medicine from the Denver College of Medicine in 1896. He was licensed to practice in Colorado the same year. He practiced in Aspen, Colorado, from 1896 to 1914 and in Denver from 1914 to 1951.

Dr. Löf was elected to membership in the Colorado State Medical Society in 1915. He was able to carry on a general practice from his office until 1950, after which he carried on from his home until June, 1951.

His hobbies were billiards and stamp collecting. He was a member of the Denver Athletic Club.

INTERIM SESSION, AMERICAN COLLEGE OF CHEST PHYSICIANS

Ambassador Hotel, Los Angeles, California
December 2, 1951

Immediately Preceding the

INTERIM SESSION, AMERICAN MEDICAL ASSOCIATION

Los Angeles, California, December 4-7

SCIENTIFIC PROGRAM

Sunday, December 2, Ambassador Hotel, Los Angeles, California. Sponsored by the California Chapter, American College of Chest Physicians.

MORNING SESSION

- H. Brodie Stephens, San Francisco, California
—Moderator.
- The Mechanical Heart Apparatus—Sanford E. Leeds and Morris M. Culiner, San Francisco, California.
- Pre- and Post-Operative Cardiac Catheterization Findings in Mitral Stenosis—Richard S. Cosby, David C. Levinson, Willard Zinn, Sim P. Dimitroff, Robert Oblath, Varner Johns, Telfer Reynolds and George C. Griffith, Los Angeles, California.
- Selection of Patients for Mitral Commissurotomy—George C. Griffith, Pasadena, California.
- Surgical Treatment of Cardiac Valvular Stenosis—William H. Muller, Jr., Los Angeles, California.
- The Etiology and Treatment of the Physiological Changes in Chronic Pulmonary Diseases—Burgess L. Gordon, Philadelphia, Pennsylvania.
- The Nature of Electrocardiographic Changes in Coronary Artery Thrombosis: An Experimental Study—Clinton Shaw, Alfred Goldman, Eliot Corday, Joshua Fields, S. Rexford Kenamer, Inga Lindgren, Allen Smith and Myron Prinzmetal, Los Angeles, California.
- Luncheon Round-Table Discussions**
1. Chemotherapy in Diseases of the Chest—Emil Bogen, Olive View, California, and Edward

The "estrogen
preferred by us is
'Premarin,' a mixture
of conjugated estrogens,
the principal one
of which is
estrone sulfate."

Hamblen, E. C.: North Carolina M. J. 7:533 (Oct.) 1946.

"PREMARIN"®

In treating the menopausal syndrome with "Premarin," Perloff* reports that "Ninety-five and eight tenths per cent of patients treated with 3.75 mg. or less daily obtained complete relief of symptoms"; also, "General tonic effects were noteworthy and the greatest percentage of patients who expressed clear-cut preferences for any drug designated 'Premarin'."

Thus, the sense of "well-being" usually imparted represents a "plus" in "Premarin" therapy which not only gratifies the patient but is conducive to a highly satisfactory patient-doctor relationship.

Four potencies of "Premarin" permit flexibility of dosage: 2.5 mg., 1.25 mg., 0.625 mg. and 0.3 mg. tablets; also in liquid form, 0.625 mg. in each 4 cc. (1 teaspoonful).



*Perloff, W. H.: Am. J. Obst. & Gynec. 58:684 (Oct.) 1949.

"Premarin" contains estrone sulfate plus the sulfates of equilin, equilenin, β -estradiol, and β -dihydroequilenin. Other α - and β -estrogenic "diols" are also present in varying amounts as water-soluble conjugates.

Estrogenic Substances (water-soluble) also known as Conjugated Estrogens (equine)

at McKenna & Harrison Limited
22 East 40th Street, New York 16, N. Y.



S003 R

for NOVEMBER, 1951

857

Dunner, St. Louis, Missouri. Moderator: J. J. Singer, Beverly Hills, California.

2. Cancer of the Lung—Lyman A. Brewer III and Lewis W. Guiss, Los Angeles, California. Moderator: Seymour M. Farber, San Francisco, California.
3. Modern Management of Pulmonary Tuberculosis—Reginal H. Smart, Los Angeles, W. L. Rogers, San Francisco, California, and James S. Edlin, New York, N. Y. Moderator: Chesley Bush, Berkeley, California.

AFTERNOON SESSION

J. Winthrop Peabody, Washington, D. C.,
Moderator.

100 Cases of Spontaneous Pneumothorax—Robert Walters, John N. Briggs and Francis X. Byron, Los Angeles, California.

Primary Tuberculosis in Adults—Jay Arthur Myers, Minneapolis, Minnesota.

The Significance of the Bronchopulmonary Segment—Chevalier L. Jackson, Philadelphia, Pennsylvania.

Pulmonary Histoplasmosis—Alfred Goldman, St. Louis, Missouri.

Chemotherapy for Tuberculosis Using Minimal Dosage Schedules—J. P. M. Black, San Fernando, and Emil Bogen, Olive View, California.

Pre- and Post-Operative Pulmonary Function Studies in the Tuberculous Patient—Frank Cline, Jr., Seattle, Washington.

Dinner—Jane Skillen, Olive View, California, President, California Chapter, American College of Chest Physicians, presiding.

Guest Speaker: Leo Eloesser, United Nations, New York City—Activities of the United Nations International Children's Emergency Fund.

X-Ray Conference

Burgess L. Gordon, Philadelphia, Pennsylvania; Marcy L. Sussman, Phoenix, Arizona, and William A. Hudson, Detroit, Michigan. Moderator: David Salkin, San Fernando, California.

ALFRED GOLDMAN, Chairman,
Scientific Program Committee.

UROLOGY AWARD

The American Urological Association offers an annual award of \$1,000.00 (first prize of \$500.00, second prize \$300.00 and third prize \$200.00) for essays on the result of some clinical or laboratory research in Urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to men in training to become urologists.

The first prize essay will appear on the program of the forthcoming meeting of the American Urological Association, to be held at the Chalfonte-Haddon Hall, Atlantic City, New Jersey, June 23-26, 1952.

For full particulars write the Secretary, Dr. Charles H. de T. Shivers, Boardwalk National Arcade Building, Atlantic City, New Jersey. Essays must be in his hands before February 15, 1952.

Auxiliary

PRESIDENT'S MESSAGE

Members of the Auxiliary to the Colorado State Medical Society: Though there is a change of officers and many new chairmen, it is my



sincere hope to keep the continuity and coordination of our many efforts progressing smoothly. It cannot be accomplished by any one person, but by our united stand.

Our membership is increasing each year, and the red dots on our map are gradually being erased. We hope to reach many more doctor's wives in our organized counties, and have members-at-large in the

unorganized counties.

This year we gave a specific duty to our Second Vice President, Mrs. R. Waldapfel, Grand Junction. She is assistant to our organization chairman or First Vice President, Mrs. R. J. Courtney of Burlington. Through the work of these women who have already proven themselves, we hope to have more new members.

We are the torchbearers for "Today's Health." If each of us would subscribe, and pass our copy on to a neighbor, we would be doing a commendable job of Health Education. "Today's Health" is written for laymen by members of the medical profession, or by especially trained lay people. Each article is carefully checked by the Editorial Staff before publication.

From my experience in Chicago last year, I am looking forward to the conference in November. Colorado is entitled to have five attend this meeting. They are: Mrs. John Bouslog, National Director; Mrs. T. E. Heinz, National Public Relations Chairman; Mrs. Harry Gauss, Regional "Today's Health" Chairman; Mrs. Bradford Murphey, Colorado State President-Elect; and your President.

Dr. Harry Bryan, President of the Colorado State Medical Society for 1951-52, has appointed Dr. Wiley Jones, Chairman of the Advisory Committee, and we are certainly happy to have him to help us again. The doctors who serve on this committee have always been most helpful to us and we appreciate their cooperation.

We have a newly created Committee for Civil Defense. Our State Chairman is Mrs. James Johnson, Colorado Springs. Our main effort in Civil Defense must be as individual members of our community and through local organizations.

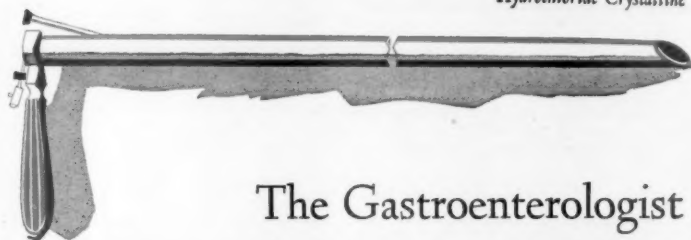
The official publication of our organization is the "Bulletin." It contains an unbelievable amount of information between its covers.

The Health Education Committee held a meeting after the Pre-Convention Board Meeting. The two new chairmen, Mrs. J. S. Haley, Longmont, and Mrs. S. W. Holley, Greeley, Health Education Chairman and Careers in Nursing Chairman, respectively, also attended. The committee approved the program sponsored by the National Safety Council to promote highway safety. We'll have more specific information

Effective against many bacterial and
ricketsial infections, as well as certain protozoal
and large viral diseases.

AUREOMYCIN

Hydrochloride Crystalline



The Gastroenterologist

recognizes the remarkable inhibiting effect of aureomycin on a great number of organisms, especially those commonly found in the gastrointestinal tract. It is of great value in the preparation of patients for surgery of the bowel or biliary tract, as well as in the medical management of infections in these areas. Aureomycin is also highly effective in intestinal amebiasis. Aureomycin is peculiarly adapted to the treatment of many biliary and hepatic infections, because of the high concentrations it attains in the bile and because of its protection of the hepatic parenchyma from bacterial necrosis. Aureomycin is indispensable in gastroenterology.

Packages

Capsules: Bottles of 25 and 100, 50 mg. each capsule. Bottles of 16 and 100, 250 mg. each capsule.
Ophthalmic: Vials of 25 mg. with dropper; solution prepared by adding 5 cc. distilled water.

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

30 Rockefeller Plaza, New York 20, N. Y.

for all of our counties and start the ball rolling at our February meeting.

I deeply appreciate the courtesy of the Rocky Mountain Medical Journal for this means of greeting each of you and wishing you a most successful year. With your individual activities in community organizations, and wholehearted support of your county Auxiliary, we'll have a very successful year.

In Denver, in February, we'll all have an opportunity to exchange ideas and become better acquainted.

MRS. F. I. NICKS.

COLORADO

Medical School Notes

A former Western Reserve University biophysics instructor has been named to the faculty of the University of Colorado School of Medicine, Dean Robert C. Lewis has announced.

He is Dr. Seymour Levine, who has just completed specialized training for his new duties at the famed Cooperstown Laboratories in Cooperstown, N. Y.

Dr. Levine will serve as an instructor in biophysics in the Department of Biophysics at the University of Colorado Medical School under Dr. Theodore Puck, head of the department.

A graduate of the University of Illinois, Dr. Levine is a former student of the C. U. Medical School. In 1949, he was awarded a Post-Doctoral Fellowship here by the Atomic Energy Commission.

Prior to going to Cooperstown, Dr. Levine was a member of the faculty of Western Reserve University in Cleveland, Ohio, for two years.

The new million-dollar cancer research wing at the University of Colorado School of Medicine will be formally opened Saturday, December 1, and Sunday, December 2, according to an announcement from Dr. Ward Darley, Vice President in charge of the Medical Center.

The two-day program will consist of ceremonies in Denison Auditorium on Saturday, December 1, and an open house for the general public and friends of the Medical Center Sunday, December 2. The Saturday ceremonies, which will start at 2 p.m., will feature an address by Dr. Leonard Scheele, Surgeon General of the United States. His talk is entitled "Medical Research—A Part of Medical Education." Also present will be Lieut.-Governor Gordon Allot, Robert L. Stearns, President of the University of Colorado, and Dr. Florence R. Sabin, Vice Chairman of the Board of Health and Hospitals in the City of Denver, and recent recipient of one of the Lasker Awards. Because of the limited seating capacity of the auditorium, attendance will be by invitation only.

The new building, which has been financed by a \$400,000 grant from the United States Public Health Service and by funds from the State of Colorado, will bring together all the research on cancer and cellular biology at the medical school. The basement and main floor of the wing will house the Department of Radiology. The facilities on the lower of these two levels will be

devoted to therapy, using x-ray, natural isotopes and artificial isotopes. Diagnosis will be done on the main floor of the building. It is expected that the new facilities in the Department of Radiology will enable the staff to treat about one-third more patients than in the past with a limited addition to staff.

The second story of the new cancer wing will house offices and laboratories of the Department of Biophysics. The third story will be occupied by the laboratories of Chemical Embryology. Here basic research on the mechanisms governing the growth of normal cells will be probed. The fourth story of the building will be shared by the Departments of Pathology, Obstetrics and Gynecology, Surgery and Ophthalmology. The top floor of the new building will house animal surgery and animal quarters for the Medical School.

The research activities which will be moved into the new wing are sponsored by such groups as the United States Public Health Service, the Damon Runyon Memorial Foundation, the American Cancer Society, the Bonfils Memorial Fund, Society for Aid to Crippled Children, the Boettcher Foundation, the Atomic Energy Commission and departmental research funds. The overall committee planning the dedication ceremonies consists of Dr. Ward Darley, Dean Walters F. Dyde, Dean Robert C. Lewis, Dr. A. R. Buchanan, Dr. E. Stewart Taylor, Dr. Osgoode Philpott, Dr. Bernard Longwell, Mr. Jack Bartram, Dr. Henry Swan, Mr. A. E. Williamson, Miss Leota Pekrul, Mr. Lee Trainor, Dr. Cotter Hirschberg, Miss Ruth Colestock, Dr. Eli Goldensohn, and Mr. Dean McClure.

WYOMING

State Medical Society

Auxiliary

NEW OFFICERS

The following officers were elected at the annual business meeting of the Woman's Auxiliary to the Wyoming State Medical Society. The meeting was held in Rock Springs, September 27, 1951.

President—Mrs. Paul R. Holtz, Lander.

President-Elect—Mrs. E. J. Guilfoyle, Newcastle.

First Vice President—Mrs. W. K. Mylar, Cheyenne.

Second Vice President—Mrs. James Sampson, Sheridan.

Recording Secretary—Mrs. Joseph Hoadley, Gillette.

Corresponding Secretary—Mrs. A. T. Sudman, Green River.

Treasurer—Mrs. L. H. Wilmoth, Lander.

Committee Chairmen for the year are:

Civil Defense—Mrs. E. W. DeKay, Laramie.

Legislation—Mrs. R. W. Reeve, Casper.

Program—Mrs. J. A. Gautsch, Cody.

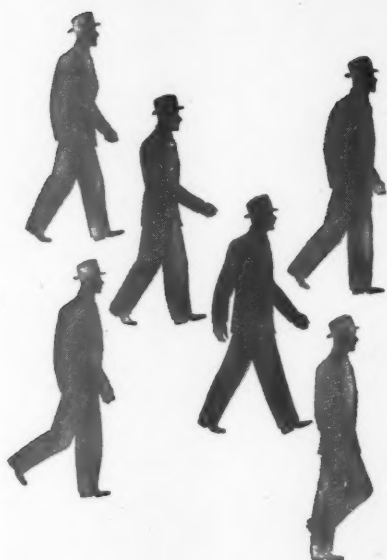
Publicity—Mrs. Franklin Yoder, Cheyenne.

Historian—Mrs. Peter Schunk, Sheridan.

Today's Health—Mrs. G. B. Savory, Cheyenne.

Bulletin—Mrs. W. A. Buntin, Cheyenne.

Public Relations—Mrs. J. Cedric Jones, Cody.



All carried *Endamoeba histolytica*

...but only 1 out of 6 patients had no symptoms! Five of the 34 patients in this study¹ were classified as asymptomatic; 18 had such poorly defined symptoms that they would not normally seek medical aid...yet a stool examination proved that all had amebic dysentery.

In a new study,² Milibis — bismuth glycolylarsanilate — proved a most powerful amebicidal drug yet side effects were virtually unobserved. The success of Milibis is further demonstrated by parasitologic follow-up

during which consistently negative stools were obtained.

Since the possibility of extra-intestinal involvement in intestinal amebiasis is always present, it is recommended that Milibis therapy be combined with Aralen (chloroquine) diphosphate. This established antimalarial has been found to exert a remarkably effective specific action on extra-intestinal amebiasis.

HOW SUPPLIED:

Milibis, tablets of 0.5 Gm., bottles of 25;
Aralen, tablets of 0.25 Gm., bottles of 100.

MILIBIS® amebicide...high in potency...low in side effects

ARALEN® diphosphate...for extra-intestinal amebiasis



Winthrop-Stearns INC. 1450 BROADWAY, NEW YORK 18, N. Y.

1. Towse, R. C., Berberian, D. A., and Dennis, E. W.: *New York State Jour. Med.*, 50:2035, Sept., 1950.
2. Berberian, D. A., Dennis, E. W., and Pipkin, C. A.: *Am. Jour. Trop. Med.*, 30:613, Sept., 1950.

FROM

MINUTES

FIFTY-SEVENTH ANNUAL MEETING

House of Delegates of the Utah State Medical Association*

SEPTEMBER 12, 1951

President V. P. White called the 57th Annual Meeting of the House of Delegates of the Utah State Medical Association to order in Room 104 of the Physical Science Building on the University of Utah Campus, Wednesday, September 12, 1951, at 9:00 a.m. and asked for the roll call of the House of Delegates. The following Delegates and Alternates answered the roll:

Ex-Officio Members: V. P. White, L. W. Oaks, T. C. Weggeland, L. J. Paul, R. O. Porter, Vincent L. Rees, J. Russell Smith.

Cache Valley Medical Society: G. S. Francis, W. G. Noble, L. K. Gates.

Carbon County Medical Society: Quinn A. Whiting, J. C. Hubbard, F. R. King.

Central Utah Medical Society: No Delegate or Alternate present.

Salt Lake County Medical Society: Elected in 1949—K. B. Castleton, J. H. Carlquist, Wallace Brooke, Ralph G. Rigby, James A. Cleary, Bascom Palmer, W. R. Young, E. G. Holmstrom, W. J. Morginson, J. R. Miller, Dean A. Moffat, W. E. Feltzer, J. H. Clark, Cyril Vance, L. Paul Rasmussen, K. A. Crockett, P. B. Price, Earl Phillips, John F. Waldo, Wm. H. Moretz, Elliot Snow. Elected in 1950—Richard P. Middleton, C. R. Cornwall, H. R. Reichman, Dean Spear, A. M. Okelberry, R. S. Tanner, Alan MacFarlane, F. F. Hatch, John Z. Brown, Jr., U. R. Bryner, James K. Palmer, Robert G. Snow, Robert D. Beech, Homer Smith, Richard W. Sonntag, Elmer M. Kilpatrick, Donald E. Smith, Charles W. Woodruff, Paul Clayton, T. E. Robinson, R. R. Robinson, A. C. Callister, Myron Crandall.

Southern Utah Medical Society: R. G. Williams.

Uintah Basin Medical Society: T. R. Seager.

Utah County Medical Society: Guy A. Richards, Rex Thomas, John H. Rupper, R. H. Wakefield, Roy B. Hammond, Riley G. Clark.

Weber County Medical Society: Elected in 1949—Drew M. Petersen, Wesley H. Anderson, Warren B. West, Geo. H. Lowe. Elected in 1950—L. P. Matthei, J. G. Olson, Vernal Johnson, I. B. McQuarrie, Heber C. Hancock.

The next order of business was the approval of the minutes of the fifty-sixth Annual Session which had been published in the Rocky Mountain Medical Journal in November, 1950. Upon motion of Dr. Oaks, seconded by Dr. R. O. Porter, the minutes were approved as published.

The President then called for the report of the Credentials Committee.

Dr. H. R. Reichman stated that all those who had answered to the roll call were entitled to their seats.

President White then delivered his address.†

The President then made the following statement:

"The reports of the various committees and of the Councilors have all been published and you have received copies of them. Unless any of the chairmen of these committees or the Councilors have something additional to report, we will not have them read unless there are some recommendations made by the Reference Committees. However, we should hear something

additional on the Report of the Treasurer, the Auditor's report.

Dr. Paul then read from the Auditor's report, by the Goddard-Abbey Company, calling attention to the fact that a condensed report of the finances of the Association was included with the report of the Budget Committee and that the detailed report of Goddard-Abbey Company was on file in the office of the Association where it could be seen by any interested doctor.

The President then asked if any other officer or chairman of committees had any addendum to make to his published report. None appearing, he called for miscellaneous business.

Dr. Matthei moved that the term of office of the Delegate to the A.M.A. be lengthened.

President White pointed out that such action would require a change in the Constitution and By-Laws and that this suggestion would be presented to the committee to be appointed by the incoming President, charged with the responsibility of a review of the Constitution and By-Laws.

Dr. Matthei therefore withdrew his motion and Dr. L. W. Macfarlane moved that the question of the length of term of office of the A.M.A. Delegate be referred to the Committee on Constitution and By-Laws and that it be provided that the elected Delegate automatically become ex-officio a member of the Council. Motion was carried.

Also under miscellaneous business, President White requested Mr. Tibbals to read a letter directed to the members of the Association by Dr. A. C. Callister, wherein he advocated the establishment of a cooperative buying group among the physicians.

The letter was discussed by several delegates and President White suggested that those who were interested contact Dr. Callister personally.

Dr. Porter of Logan asked for the floor, stating that he wished to read one paragraph from his report as Councilor of the First District as follows:

"The doctors of Cache Valley unanimously opposed the efforts of the State Nursing Committee to close the Logan L. D. S. Hospital School of Nursing. For years the Budge Memorial Hospital had an accredited school of nursing. Three years ago the L. D. S. Church purchased the Budge Hospital and also the Cache Valley General Hospital and combined them. Since then they have done a great deal of remodeling, increasing the capacity of the hospital and have almost doubled the staff. The new hospital has been fully equipped. During the past year they have completed and equipped a \$150,000 nurses home and training school. They have effected affiliation with the State College in Logan for basic training leading to a B.S. degree and with a Denver hospital for additional pediatric and psychiatric training. The various departments are fully staffed with competent supervisors and teachers.

The first class of six nurses under the new set-up was graduated last spring. In spite of all this the school is now to be denied accreditation and closed largely because the daily average patient load of the hospital does not meet national requirements. It is safe to say the daily load per trainee is greater than in many larger hospitals. We know where our weaknesses are and knowing them will correct them but we ask for a reasonable time to do it. Certainly the nurses graduating now are better trained than those of former years and the need for nurses is greater than ever before.

*Reports of officers and committees referred to in these minutes were presented in advance to the House of Delegates in mimeographed form and, as amended by action of the House, are published in a group at the end of the minutes.

†Separately published in this issue of the journal.



24 hour anticoagulant action

A single, deep, subcutaneous injection of 30,000 to 40,000 U.S.P. units (approximately 300 to 400 mg.) of Depo*-Heparin[†] will give a lengthened coagulation time of 2 to 4 times normal for about 24 hours.¹

This advance in the management of thromboembolic phenomena such as coronary artery disease and thrombophlebitis, was made possible through investigations by Upjohn and other medical researchers which led to the development of Depo-Heparin.

Depo-Heparin

Depo-Heparin Sodium is available in 1 cc. size cartridges with disposable syringe. Each cc. contains:

Heparin Sodium	20,000 U.S.P. units (approximately 200 mg.)
Gelatin	180 mg.
Dextrose, Anhydrous	80 mg.
Water for injection q.s.	
Preserved with sodium ethyl mercuri thiosalicylate	
1:110,000	

1. Smiley, William J.: Long-Acting Heparin Preparation: A Useful Adjunct in Anticoagulant Therapy. *U. S. Armed Forces Med. J.*, Vol. II, No. 1 (Jan.) 1951.

* Trademark, Reg. U. S. Pat. Off.

Upjohn

Research

for Medicine... Produced with care... Designed for health

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

Dr. Porter continued by remarking that conditions with regard to the continuance of the nursing school in Logan are serious and he hoped that the House of Delegates would authorize some action that might aid in a proper solution.

President White called attention to the fact that Dr. Porter's report had been referred to a Reference Committee and asked the chairman of the Reference Committee if he had any report to make at the proper time. The answer was in the affirmative and Dr. White ruled, therefore, that the matter would be passed over until time for the report of the Reference Committee.

Under the heading of "New Business," Dr. J. G. Olson presented three resolutions for the consideration of the House, as follows:

Resolution No. 1

"Whereas, Utah, like the Nation, has an increasingly ageing population; and

"Whereas, The problems of ageing are a peculiar province of the physician, be they economic, social or medical; and

Whereas, The physician is intimately concerned with the solution of the problems of the ageing, be they economic, social or medical;

Now, Therefore, Be It Resolved: That the House of Delegates of the Utah State Medical Association does hereby establish a Committee on Gerontology. Such committee shall be appointed by the Council of the Utah State Medical Association and shall report upon its activities annually to the House of Delegates of the Association."

Resolution No. 2

"Whereas, There has been organized within the State of Utah a Utah Heart Association; and

Whereas, The Utah Heart Association is an affiliate of the American Heart Association, subscribing to its rules and regulations;

Now, Therefore, Be It Resolved: That the Utah State Medical Association, through its House of Delegates, does hereby approve of the Utah Heart Association and its objectives.

Resolution No. 3

Whereas, The Utah State Civil Defense Council has called upon every member of the Utah State Medical Association to serve in Civil Defense Activities; and

Whereas, The medical aspects of Civil Defense can be served by no other group; and

Whereas, Service in Civil Defense is without remuneration and may require a doctor to leave his practice and community to his economic detriment;

Now, Therefore, Be It Resolved: That when any physician is required to leave his practice for Civil Defense Service and his professional colleagues shall serve his patients in his absence, all fees collected for such service be remitted to him upon his return and his patients shall remand to his care.

Dr. L. W. Oaks called attention of the House to the fact that the proposal of the second resolution had already been taken care of by action of the Council when it approved the activities of the Heart Association.

Therefore, Resolution No. 2 was withdrawn.

President White then asked Mr. Tibbals to re-read Resolution No. 1. Its adoption was moved by Dr. Olson and seconded by Dr. T. E. Robinson. Following brief discussion, the question was called for. The matter was put to vote and unanimously carried.

Resolution No. 3, being deemed impracticable, was also withdrawn by the sponsor.

President White then called on Mr. Harvey Sethman, Executive Secretary of the Colorado State Medical Society.

Mr. Sethman reported as follows:

First I want to bring you greetings from your sister state on the east and hope that a few of you will find it possible to come to Denver next week and visit our Colorado State meeting.

My principal purpose in being here is to be of service to you in any way that I can in connection with our mutually operated Journal and to bring you the annual report of its operations. We have had a very successful year and I think perhaps we are one of the few publications—and I might also say few institutions in the country—that can report in general reduced costs for the year.

We published 1,072 pages, and 433 of those were

scientific material. Each of the five states except Utah submitted either as much as it should be entitled to on its proportionate membership, or more; but Utah published only 70½ pages of scientific material and organizational reports, whereas we would have liked to have had, on a full equal proportion basis, 81 pages of material. There are only two articles from Utah on hand now that have not appeared in the Journal. One of those has been on hand four months and the other two. Customarily an article appears not sooner than three months nor more than twelve months after submission. I urge that more of you who like to do medical writing submit articles to your own Journal through your own editors, Dr. Middleton and Mr. Tibbals.

I should like to mention one thing in connection with our mutual Rocky Mountain Medical Conference, of which I was secretary for quite a while. Mr. Tibbals is secretary now. We had a very successful year financially with the Conference this year in Denver, as you know. So the Utah secretary has a pretty fair backlog with which to start the 1953 meeting. Possibly your committee took a report prepared for our own state a little too much at face value, not realizing the difference in the size of our organizations. The report predicted it might cost the Colorado Society \$2,000 each six years to conduct that meeting, over and above the cost of the State meeting.

Your committee put the same figure in your report. If experience of the last three Rocky Mountain Medical Conference meetings could be used as a guide, I would say that figure is much too high for Utah, because your costs should be a good deal less than Colorado's. You won't have as big an attendance to handle, and in Salt Lake you have the facilities of the University while in Denver we must use hotels and pay for public meeting rooms.

Mr. Tibbals called attention to the fact that Mr. Sethman had been made chairman of the Special Advisory Committee on Public Relations for the American Medical Association.

Dr. Waldo then explained to the House the proposals for postgraduate activities of the Medical School as follows:

Gentlemen, I have prepared a very short summary here of our proposals for our graduate activities. And I would hope for suggestions from any of you because we are most interested in having this function as a joint project between the University of Utah and all of the physicians in the area.

On July 1, 1951, the University of Utah College of Medicine organized the Division of Graduate and Postgraduate Medical Education. This Division was made possible by a grant from the W. K. Kellogg Foundation. The aim of this organization is to provide a satisfactory source of postgraduate education for the physicians who are in practice in this and others of the Intermountain states.

At present we envision this plan to take three different possible directions. The first and most immediate would represent courses given at the College of Medicine covering various aspects of current medical practice. Courses would vary in length from two to five and a half days. At least one course each year would be offered specifically for the general practitioner and would cover most of the phases of medicine, particularly internal medicine, surgery, pediatrics and obstetrics. Such a course would be organized so that a man could elect to take the whole course or to take any reasonable part thereof. The other courses offered would be primarily limited to one field of interest, but it should be stressed that the aim in all of these courses is to emphasize the practical aspects of medicine and to combine this with the necessary basic science to promote a fuller understanding of the subjects under discussion. However, the primary emphasis would be placed on the management of the patient and whatever therapy seemed to be advisable. Emphasis in all of these courses would be laid on the so-called wet type of clinic, and to the greatest extent possible, bedside teaching would be used.

The second phase of the program would involve the organization of teams to go out to strategic geographical centers in the Intermountain area and put on courses similar to those offered in Salt Lake City. These would probably run two to three days and would be designed to be as practical as possible. It is felt, however, that in the first year of the program this undertaking would be somewhat too ambitious and it is proposed that this will be done on either a very limited scale or not at all, the first year.

The third phase which has been envisioned, but which is, admittedly, highly theoretical, is the possibility of aid in the resident training program of the various hospitals throughout the Intermountain area. Because of our geographical location, there

Adequate Protein Nutrition...

A Vital Factor in Recovery Processes

Among the problems of convalescence and of preoperative and postoperative care, adequate protein nutrition assumes vital importance. Such is indicated by the observation that a deficiency of but one essential amino acid in the diet of the normal individual quickly leads to an acute amino acid deficiency syndrome characterized by appetite failure, weight loss, and malaise.

Animal studies have forcefully demonstrated the adverse effect of inadequate protein nutrition on recovery processes.¹ Protein-depleted rats fed an adequate repletion ration manifest a rapid recovery of lost weight, of normal plasma protein and hemoglobin levels, of certain enzyme systems, and of normal capacity to synthesize antibody protein and to resist infection. On the other hand, reduction in the amount of but one essential amino acid in the repletion ration quickly causes loss of appetite, diminished food consumption, and inadequate weight recovery. This quick appearance of overt symptoms due to a shortage of an essential amino acid contrasts sharply with the delayed appearance of symptoms induced by deficient intake of any other essential nutrient.

These manifestations of acute amino acid deficiency noted in the rat can occur as readily in the normal human subject consuming a diet lacking in any one of the eight essential amino acids.² Loss of appetite and of body nitrogen accompanied by malaise quickly results. Furthermore, addition of the missing amino acid to the diet quickly restores the appetite, nitrogen equilibrium, and the previous state of health. Apparently, even in normal persons, lack of an amino acid in the diet partially or completely interrupts protein synthesis as well as increases tissue protein catabolism.¹ The conclusion is incontestable, therefore, that adequate protein nutrition is vital for speeding the processes of recovery from massive disease or major surgery.

Meat—all varieties and cuts—richly provides protein containing all the essential amino acids which are needed for the repair of traumatized tissue, the upkeep of normal tissue, and for other vital uses. Furthermore, meat is a dependable dietary source of iron and the vitamin B complex—riboflavin, niacin, thiamine, pyridoxine, and the newly discovered B₁₂. In health and in illness, meat ranks high as an important factor of the well-balanced diet.

1. Cannon, P. R.: Recent Advances in Nutrition with Particular Reference to Protein Metabolism, Lawrence, Kansas, University of Kansas Press, 1950, pp. 56-60.

2. Rose, W. C.: The Nutritive Role of the Amino Acids, The Science of Nutrition, New York, The Nutrition Foundation, 1946.

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



American Meat Institute
Main Office, Chicago... Members Throughout the United States

are a great many rather severe difficulties and it is not entirely clear how this phase of the program will develop.

The faculty for these courses will be made up of members of the faculty of the University of Utah College of Medicine, who will be supplemented by visiting speakers from various parts of the country, who are experts on the particular field under discussion. The visiting man, of course, would be practical only for those courses to be offered in Salt Lake City and probably would not be practical for the courses we are giving in outlying areas.

This project is being financed by a grant from the W. K. Kellogg Foundation. However, the grant is given on a five year basis and with the understanding quite specifically with the Kellogg Foundation, that at the end of this period the postgraduate activities must become self-supporting. Obviously, the Kellogg Foundation is not interested in spending its money over a five year period and have the whole thing fold up. For this reason, it will be necessary on these major courses to have certain fees attached to them, but it is felt they can be kept to a suitable minimum. Wherever possible, it will be planned to hold a regional scientific meeting in association with the course. This offers a suitable chance for the various component societies to arrange meetings.

We feel that such a program is of some importance to the Intermountain area. We hope that it will be of considerable use to the physicians practicing in this area. It is also to be stressed that we do feel that this program should be controlled completely by the College of Medicine, but that it should be looked upon as a joint enterprise between the college and the physicians of this area.

We are most interested in having the close cooperation of the Utah State Medical Society and all of its component groups. We hope, with your support, to make this an important aspect of medicine in the Intermountain country. For this purpose, then, we respectfully suggest that the President (I think it should be the Council) appoint a Committee on Postgraduate Medical Education as a standing committee of the Utah State Medical Society.

Now if I may enlarge a little bit more on the subject brought up by Dr. White's report. We do fully intend to have a group of speakers available and that list will be made up and I will mail that out to the various component societies. We will be very glad to do our best to furnish speakers insofar as we possibly can. Obviously there will be times when our speakers are tied up and we may not be able to get the particular one you want on the particular night that you want him. But we will send you a list and will do our very best to help you with your problems in that line.

The fees that I am talking about would be associated with those courses that were the major postgraduate courses, and I believe these courses will be of such quality they will be fully accredited by the Academy of General Practice and all other groups that are interested in postgraduate education.

I didn't mean to imply, Dr. White, that we were in disagreement with your statement at all. I am speaking of the major courses.

If there are any questions I will be glad to answer them as far as I can. We are, you see, in a rather embryonic stage and we need a great deal of help in developing this program.

Dr. White: "Thank you very much, Dr. Waldo. I couldn't go into all the details in the talk I gave. But I do want to say that where these courses have been given, the Council has found that the men throughout the state are rather enthusiastic about them and intend to participate more and welcome this opportunity. May I further state that we appreciate the cooperation of the Medical School entirely. It has been a wonderful cooperation this year and we do appreciate it."

On motion of Dr. Robert Snow seconded by Dr. Tanner, it was moved that the House direct the Council to appoint a Committee on Postgraduate Education as a standing committee of the Utah State Medical Association. On being put the motion was carried.

This concluding the miscellaneous business, President White therefore called for the report of the First Reference Committee, the chairman being Dr. J. G. Olson of Ogden.

Dr. Olson stated that his committee had been assigned the Councilor's report from the First

District, made by Dr. R. O. Porter wherein Dr. Porter asked the support of the State Association in examination of the problem of nursing education in Cache County.

Dr. Olson moved the adoption of the report, seconded by Dr. Spear. On being put the motion was unanimously carried. Whereupon Dr. Porter moved "That the incoming President appoint a committee to investigate the School of Nursing at the L. D. S. Hospital at Logan with reference to its accreditation." The motion was seconded by Dr. T. E. Robinson and upon call of the President was carried unanimously.

The next report considered by the Reference Committee was that of the Executive Secretary. The Reference Committee recommended that it be accepted as written. Motion was seconded and carried.

The report of Dr. Rumel, as Chairman of the Fee Schedule Committee, was next considered. The Reference Committee congratulated them upon the work done and Chairman Olson recommended that the report of the committee be adopted. Dr. Okelberry seconded the motion.

Dr. R. P. Middleton in speaking to the motion, questioned the propriety of the utilizing as factors in determining fees the incidence of mortality occurring in the procedure. Dr. Middleton moved that this element of evaluation of the fee for service be corrected or eliminated.

Dr. Whiting seconded Dr. Middleton's amendment and following some discussion, President White put the motion and it was carried unanimously as amended.

Dr. Eliot Snow then inquired as to whether the action just taken by the House would call for the publication of the fee schedule drawn up after considerable research in 1949.

Following some discussion, upon motion of Dr. Robert Snow that the committee be directed to publish the fee schedule to the medical profession and that it be made a standard for the medical profession in this state, and the motion being seconded by Dr. Eliot Snow, the question was put and carried.

Dr. Peltzer then raised the question as to whether the 1949 fee schedule had had the benefit of consideration from all groups representing the profession, stating that he felt before any fee schedule was published same should be approved by an enlarged committee representing all types of practice.

President White stated that the 1949 fee schedule, before being published, would be subject to the review of the enlarged Fee Schedule Committee to be appointed by the incoming President.

Dr. Olson then proceeded to the report of the Continuing Committee of the Rocky Mountain Medical Conference and moved that the report be adopted as submitted. Motion was seconded by Dr. Robinson and carried.

At this point Dr. Bryner, chairman of the Continuing Committee for the Seventh Annual Rocky Mountain Medical Conference, stated that in his opinion there were several questions in the addendum to the report of the Continuing Committee that required specific action.

Dr. Bryner pointed out that several of the conferences in the past had failed to make their expenses; that the one just held in Denver in May had been eminently successful and that it was the opinion of the Continuing Committee that successful meetings could only be held in Albuquerque, Denver, and Salt Lake City.

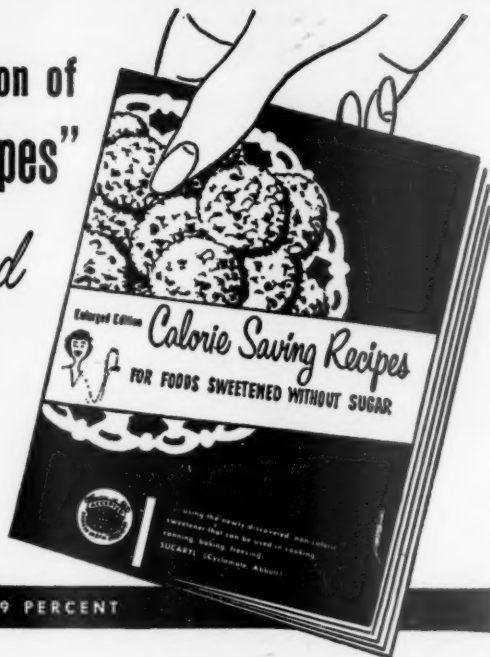
Dr. Olson, therefore, moved that the biennial

Get this **BIG** new edition of "Calorie Saving Recipes"

*for diabetic and
reducing patients*



RECIPES CUT CALORIES 23 TO 89 PERCENT



This 32-page booklet is crammed with appetizing, low-calorie recipes, all fully sweetened with SUCARYL,[®] the non-caloric sweetener that can be used just like sugar for a true, evenly blended, *cooked-in* sweetness.

Double the size of the first edition, the new booklet includes a section on *canning and freezing* with SUCARYL, a feature especially important to diabetic patients. And with the many new cooked and baked dishes that have been added, a wide variety of low-calorie menus is readily available.

These recipes save from 23 to 89 percent in calories—an average saving of 43 percent—simply by using SUCARYL in place of sugar.

To obtain a supply of these handy-to-use recipe booklets, just fill in and mail the convenient coupon below. Quick-dissolving SUCARYL Sodium tablets are available at pharmacies in bottles of 100 and 1000; SUCARYL Sweetening Solution, in either sodium or calcium form, is available in 4-fluidounce bottles. Recipes use either tablets or liquids.

Abbott



SEND NOW
FOR YOUR
FREE SUPPLY

ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS

Without charge or obligation, please send me _____ copies of the new, enlarged SUCARYL recipe booklet.

NAME _____
(please print or write plainly)

ADDRESS _____

CITY _____ ZONE _____ STATE _____

meetings of the Rocky Mountain Medical Conference be rotated between Salt Lake City, Denver and Albuquerque. Dr. Peltzer seconded the motion. President White put the motion and it was carried.

There followed considerable discussion and finally Dr. Olson moved the adoption of paragraph B, approving the merging of the Rocky Mountain Medical Conference with the State Annual Session every six years. Dr. Bryner moved that this be accepted. Motion was seconded by Dr. Tanner. On motion being put, same was carried.

Dr. Olson then called attention to the next proposal which had to do with the method of financing the meetings.

Dr. Holmstrom moved that Plan No. 2 be adopted as follows:

"Each participating State Society (including Wyoming and Montana) to be requested to contribute from their treasuries to the Conference in proportion to their respective memberships, every two years."

Motion was seconded by Dr. John Z. Brown and upon being put the motion was carried.

The next order of business was consideration of the Reference Committee's recommendation of the report of the Advisory Committee to the Woman's Auxiliary.

The Reference Committee recommended that the report be adopted with the exception that the membership fees of the Medical Auxiliary be retained at its present amount of \$3.00 instead of \$5.00. Motion was seconded by Dr. Eliot Snow.

There followed a lengthy discussion. Dr. Spear moved to amend the original motion by striking out the exception. The motion for the amendment being put was carried. President White then put the original motion as amended and same was carried.

Dr. Olson then moved that the report of his Reference Committee be accepted in toto as amended. The motion was duly seconded and carried.

President White then called for the report of the Second Reference Committee, Dr. K. A. Crockett being Chairman.

Dr. Crockett stated that the first report his committee had considered was that of the Councilor of the Second District; that after very careful consideration, participated in by all members of his committee, it was decided to request an amendment or alteration of paragraphs two and three.

There followed a rather lengthy discussion participated in by the Councilor and members of the House. Finally in mutual agreement, paragraph two on page five was amended as follows:

Your Medical Council frequently receives complaints of dishonest conduct of a few of its members. These appear in the following nature: Unnecessary treatment; unnecessary and improper surgery; the use of medication and therapeutic procedures of questionable value; charges that are out of proportion to services rendered or charges that place undue hardships on families.

The problem of fee splitting has come up on occasions and some of the staffs of our local hospitals criticized. Fee splitting, regardless of method used, is dishonest and unfair to the patient. It simply implies that the charges made to the patient are in excess of service rendered and that someone is getting something he isn't honestly entitled to. Fee splitting is just as dishonest as the rebate system outlawed by the government. Many feel that this is an unsolvable problem but there are effective ways of correcting it.

A few members of the Society submit improper bills to the insurance companies and to the State Insurance Fund. This is due to over treatment, failing to request permission for unusual types of treatment and failure to apprise the carrier of complication that might have arisen.

Dr. Crockett moved the acceptance of the report. Motion was seconded and carried.

Dr. Crockett then passed to the report of the Annual Audit and recommended its acceptance as written. Dr. Fister seconded the motion. Same was put and carried.

Chairman Crockett then took up the report of the Public Relations Committee, stating that although there had been slight criticism of one part of the report it was the opinion of the Committee that same should be accepted as presented. Dr. Olson seconded the motion and upon being put before the House same was carried.

The report of the Industrial Health Committee was next taken up. Chairman Crockett stated that the Reference Committee felt that this report should be accepted in toto. Upon seconding by Dr. Olson, motion was put and carried.

Dr. Crockett then passed to the report of the Cancer Committee. Concerning this report he stated that the Reference Committee wished to make the following recommendations:

1. It is felt that there should be no cancer bed as such either in or outside of Salt Lake City; that if the Cancer Society has adequate funds and wants to help some deserving cancer patient, that is their privilege, but that no bed per se be maintained at any hospital.

2. It is felt that doctors who are asked by the Cancer Society to make a trip for the purpose of speaking on cancer, or professional speaking, be paid expenses but not an additional stipend for speaking.

3. It is felt that the cancer teams as such be abolished, that they accomplish little and create enmity in the profession.

The Reference Committee recommended the adoption of the report of the Cancer Committee including the three recommendations of the Reference Committee. Dr. Olson seconded the motion. Upon its being put by the President, same was carried.

Dr. Crockett then stated that in the opinion of his Reference Committee, the chairmen of the various committees presenting reports should be asked to meet with the Reference Committee charged with the duty of considering those reports.

There was a brief discussion and Dr. Crockett then moved that in the future the author of the various annual reports be invited to attend the Reference Committee meeting in which his report is to be considered. The motion was seconded by Dr. Matthei and was carried.

Dr. Crockett then moved the acceptance of the entire report of his Reference Committee as amended. Upon being duly seconded the motion was put and carried.

President White then called for the report of Reference Committee No. 3, Dr. Dean Spear being the Chairman.

Dr. Spear called attention to the fact that his committee had first considered the report of the Councilor of the Third District; that this report contained two recommendations:

1. "That a monthly news letter be mailed to all members of the State Association."

Dr. Spear stated that his committee was in full accord with this proposal and feels that this would benefit all.

2. "That the advisor to the Woman's Auxiliary of the State Society be appointed from the membership of the State Council."

*How much
does it cost,
Doctor?*



WHEN prescribing an infant feeding formula, you have doubtless often been asked by the mother, "Is it expensive?"

**Made from
Grade A Milk**

For most families—especially those with children—today's dollar doesn't stretch far. Hence the anxiety of mothers concerning cost.



POWDER and LIQUID

Sold at an extremely low price, Baker's provides high protein content (an ample supply of essential amino acids), two sugars, added iron, vitamins A, B₁, D, niacin and riboflavin. With Baker's, there's no need to prescribe vitamins (except C).

Yet the average cost of feeding most infants on Baker's is only about \$1.50 per week. An economical answer to the question, "How much does it cost, doctor?"

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC.

Main Office: Cleveland, Ohio
Plant: East Troy, Wisconsin

Division Offices: Atlanta, Dallas, Denver,
Greensboro, N. C., Los Angeles, San Francisco, Seattle



Dr. Spear stated this his committee also agreed with this proposal.

Upon motion of Dr. Spear, seconded by Dr. Lowe, the report of the Councilor of the Third District was accepted as presented.

Dr. Spear then passed to the report of the Budget Committee. After a brief discussion, Dr. Spear moved the adoption of the report of the Budget Committee. The motion was seconded by Dr. Robinson and upon being put was carried.

Dr. Spear then called attention to the report of the Medical Defense Committee. He felt that same was self-explanatory and moved its adoption. Motion was seconded by Dr. Paul and carried.

Chairman Spear then referred to the report of the Public Health Committee. He stated that his committee wished to commend the Public Health Committee for its excellent report in regard to water supplies and sewage disposal, stating that they represented a tremendous amount of work and have disclosed some startling conditions; that the problem of consolidation of the city and county Boards of Health presents numerous and perhaps insuperable difficulties from a fiscal and political standpoint. Dr. Spear stated that his committee believed this matter should be referred to the Public Policy and Legislative Committee. Dr. Spear then moved the adoption of the report of the Public Health Committee. Motion was seconded by Dr. Olson and carried.

Dr. Castleton then asked for the privilege of the floor and after making a few comments as to the necessity of securing the backing of public opinion and the importance of the medical profession being leaders in this activity proposed the following resolution:

Resolution

Whereas, Recent studies indicate grossly inadequate facilities for handling sewage and for the treatment of culinary water; and

Whereas, The need is widespread throughout the state there being few communities where this need is not present;

Now, Therefore, Be It Resolved: That the Utah State Medical Association go on record as favoring the building of modern sewage disposal facilities and modern facilities for treatment of water used for culinary purposes wherever needed in the state, and that this action be transmitted to the proper authorities.

The motion was duly seconded and, upon being put, was carried.

Dr. Spear then considered the report of the Hospital and Professional Relationships Committee. Following brief comments he moved the adoption of this committee's report. Motion was seconded by Dr. Hubbard and carried.

The next item on the Reference Committee's report was the report of the Tuberculosis and Cardiovascular Diseases Committee. The Reference Committee stated that the Committee on Tuberculosis and Cardiovascular Diseases could be made a subcommittee of the Public Health Committee, their fields overlapping. With this comment Dr. Spear moved acceptance of the report of the Tuberculosis and Cardiovascular Diseases Committee; motion was seconded by Dr. Hubbard and carried.

Dr. Spear then moved the adoption of the Reference Committee's report as a whole. Motion was seconded by Dr. Olson and carried.

President White then called for the report of Reference Committee No. 4, J. H. Clark being Chairman.

Chairman Clark stated that the first report his committee had to consider was that of the Constitutional Secretary. He inquired of Secre-

tary Weggeland as to the meaning of certain comments in the report with regard to the services of specialists in clinics held throughout the state and upon explanation being given Dr. Clark moved the acceptance of the report as written, same being seconded and there being no comments motion was put and carried.

Dr. Clark then moved on to the report of the Board of Supervisors, stating that it was self-explanatory and moved its adoption. The motion was seconded and after being much discussed was put and carried.

Chairman Clark then called the attention of the Delegates to the Public Policy and Legislation Committee's report and asked Dr. West, Chairman of that committee, to clarify one or two points in the suggested legislation, made a part of that report, the purpose of which was to prevent the corporate practice of medicine. There followed rather lengthy discussion and finally upon motion of Chairman Clark, duly seconded, it was moved that the report of this committee as presented be not accepted. President White put the motion and same was carried.

Chairman Clark then referred to the report of the Mental Health Committee and moved its acceptance as presented. Upon being duly seconded, motion was put and carried.

With regard to the report of the Civil Defense Committee, Chairman Clark stated that the Reference Committee wished to commend the members of this committee for the excellent work they have done and moved the acceptance of the report as presented, with the additional recommendation that the incoming President make this committee a continuing committee. Motion being seconded, President White put the motion and same was unanimously carried.

Chairman Clark then took up consideration of the Fracture Committee report, stating that the Reference Committee felt that paragraphs three and five should be deleted, and moved the acceptance of the report without these two paragraphs. Dr. Eliot Snow seconded the motion. There being no discussion, motion was put by President White and carried.

Chairman Clark then moved the acceptance of his Reference Committee report as a whole. Motion was seconded and carried.

This concluding the work of the Reference Committees, President White requested all Delegates to stand during the reading of the names of the members of the Association who had passed away during the year 1950-51 as follows:

Oscar W. French, M.D.
David Wilkie Blood, M.D.
Steele Bailey, M.D.
Hyrum Smith Stevenson, M.D.
H. Z. Lund, M.D.
E. Marsh Abbott, M.D.
Samuel G. Paul, M.D.
Frank D. Spencer, M.D.
Clint Allen Laffoon, M.D.
J. C. Stocks, M.D.
August C. Behle, M.D.
Joseph Allen Phipps, M.D.

Following the moment of silence in respect for the departed members, President White called the session to order again and Dr. Castleton called attention of the members to the fact that a special committee had been appointed and that the report of that committee had not been heard; that committee being one appointed



The only broad-spectrum antibiotic available in concentrated drop-dose potency, Crystalline Terramycin Hydrochloride Oral Drops provide 200 mg. per cc.; 50 mg. in each 9 drops. Indicated in a wide range of infectious diseases, Terramycin Oral Drops are miscible with most foods, milk and fruit juices, affording optimal ease and simplicity in administration.

Supplied

*2.0 Gm. with 10 cc. of diluent,
and calibrated dropper.*

ANTIBIOTIC DIVISION



CHAS. PFIZER & CO., INC., Brooklyn 6, N. Y.

by the Council to study a proposal for group accident and health insurance for members of the profession, Dr. W. E. Peltzer being the chairman.

Dr. Peltzer reported that due to the short period of time given the committee to look into this matter, it had been almost impossible to accomplish anything. However, if the Delegates felt that the members of their constituent societies would be interested in such a proposal if a satisfactory one could be found, he felt that the committee would be glad to continue its work.

There followed considerable discussion and as the Delegates indicated there would be interest on the part of the component societies, the committee was instructed to continue its study.

This concluding the consideration of reports, President White called for nominations for the election of officers and the following were elected:

Kenneth B. Castleton, M.D., President-Elect.
Joseph R. Morrell, M.D., Honorary President.
R. P. Middleton, M.D., First Vice President.
C. C. Randall, M.D., Second Vice President.
F. R. King, M.D., Third Vice President.
L. J. Paul, M.D., Treasurer.

Vincent L. Rees, M.D., Councilor, Second District.

George M. Fister, M.D., Delegate to A.M.A.

J. J. Weight, M.D., Alternate-Delegate to A.M.A.

Heber C. Hancock, M.D., member of the Rocky Mountain Medical Conference Continuing Committee.

Following the election of officers, President L. W. Oaks was escorted to the chair and presented with the gavel to take charge for the year 1951-52. He then made the following remarks:

"Fellows, I don't know what to say except I have never been particularly imbued with the love of politics. You kept me five years in training for this job, and the least I can do is to try to deliver a good performance for the next year.

"And I will tell you, aside from me putting everything in it that I can, I am going to expect you to do the same. We will call on you freely and frequently, and when we call you, we want work. We don't want you to say: 'This committee didn't have any meeting this year because there wasn't anything to do.' We are going to give you specific things to do, and Lord knows there are plenty of them, as you have seen from this session this morning."

Motion was then called for as to the place of holding the 1952 session. It was moved and seconded that the 1952 session be held in Salt Lake City, Utah.

President Oaks then adjourned the meeting.

Report of the Councilor of the Second District

As the result of three years on the Medical Council, there are several problems and proposals I would like to discuss.

(Certain paragraphs of report at this point were amended by the Reference Committee. See preceding Minutes of the House of Delegates.—Secretary.)

We, in the medical profession, are trusted with the lives and health of our patients. We are the only ones fully capable of judging the quality and type of service rendered the public. Therefore, as a profession, we must all be humble, honest, and ever mindful of our patients' best interests.

In a somewhat different vein, I would like to propose that our Constitution be revised or amended to provide that all officers representing specific districts (Councilors or members of Board of Super-

visors) be elected by the delegates from the district and not by the House of Delegates as a whole. This would, of course, give more direct representation from the respective district.

I also wish to urge the establishment of a local bureau of public relations as proposed by the Public Relations Committee. This Bureau, in conjunction with other healing arts, would foster better public relations through the radio, television, newspapers, etc. This is a big job and would need an adequate full-time staff. I can see many benefits that could be derived from a well-worked oral radio program on public health problems, etc.

It has been an honor to serve you on the Medical Council and your officers have spent many hours trying to reach the best solution to the many and varied problems presented to it.

VINCENT L. REES, M.D.,
Councilor, Second District.

Report of the Councilor From the Third District

It has been a pleasure and a privilege to serve my profession the last year as your Councilor for the Third District. By traveling with the Council to the various societies in our state, I have made many new acquaintances with fellow physicians. These associations have been pleasant and I have learned of many of their medical problems. We have strong and progressive local societies and our members are providing good medical care.

The problems facing the medical profession today are legion. We must be as alert in our fight to preserve our medical freedom and combat socialism, as we have been in our fight to combat disease.

Your state and local organizations must be strong. Officers who represent us have a great responsibility of leadership, they deserve and must have our support. Your officers the last year have directed policy and approached the solution to the problems of local societies and of individual physicians, only after careful study, unbiased opinion and cooperative effort. However, the State Council has spent many hours the last year dealing with problems of individual members as the result of petty jealousies, individual dissensions and selfish ambitions.

It is one of the primary responsibilities of the medical association to uphold the high ethical standards of the profession. This is one of the reasons why your State Medical Association must be strong and vigorous. For the medical profession to maintain respect, good will and promote favorable and strong public opinion in our favor, our ranks must be cleaned of those who choose to ignore the principles of ethics which govern its members.

Membership in a county medical society is a privilege. Attend your meetings, show willingness to participate in committee work and give freely of your time and effort to promote the ideals of the profession.

The State Medical Association seems far removed from the individual M.D. Actually the travel to the local county medical society meetings involves many miles for some members.

Important information is forwarded by the Executive Secretary of the State Association to the eight local medical societies. The information is delayed because of summer recess. Many times a doctor is unable to attend a local society meeting, therefore never gets the information.

I have been impressed with the need for a closer liaison between the individual physicians and the State Association. I have proposed that a monthly News Letter be mailed to all doctors, to keep them more abreast of what is going on. If important legislation is introduced nationally, the name, number and substance of the bill will be known to the doctor. If a malpractice suit is pending, he should be informed of its nature, all names and places being withheld. Information regarding Medical Service Bureau and Industrial Insurance claims could be published. Policy and problems coming before the State Council could be briefed. Every physician should have a summary of the House of Delegates meeting. These are only a few examples of information for a News Letter. Make more use of your District Councilor, inform him of your local society and individual problems, he will promptly present your problems to the State Medical Association Council. Please express your opinion at the House of Delegates meeting in September.

Fellow physicians—be informed. There will be many newspaper and magazine articles, there will be many laymen who will speak out in the days to come for and against the profession, for and



in the second generation of achievement

For thirty years Dryco has been building up a tradition in infant nutrition. It will be recalled that Dryco introduced vitamin enrichment by irradiation in infant foods. And today the Dryco tradition of excellence is based on maintaining high standards while keeping abreast of progress in nutritional science.

Today, in a second generation, Dryco is proving its usefulness in normal infants...the prematures...the partially breast-fed...the malnourished or convalescent infant...the sick infant. In all these cases Dryco continues to show excellent results in terms of health and growth.

Dryco is easily digested as it forms a soft, flocculent curd of small particle size in the infant's stomach.

An important Dryco advantage is its high-protein and low-fat which minimizes the possibility of digestive upsets caused by excessive fat, while assuring ample protein for satisfying growth.

Dryco is made from spray-dried, pasteurized, superior quality whole and skim milk, providing 2500 U.S.P. units of vitamin A and 400 U.S.P. units of vitamin D per reconstituted quart. Thiamine and riboflavin are preserved largely by the spray-drying process. Only vitamin C need be added. Dryco also supplies more minerals, particularly more calcium, than a corresponding whole-milk formula.

Each tablespoonful supplies $31\frac{1}{2}$ calories. Readily reconstituted in cold or warm water. Available at pharmacies in 1 and $2\frac{1}{2}$ lb. cans.

Write for complete professional literature and samples.



Dryco®

a versatile base for "Custom" formulation

Prescription Products Division

The Borden Company, 350 Madison Avenue

New York 17.



against socialized medicine. We physicians have a responsibility and an opportunity to inform our patients of the true facts. I urge you all to read the Journal, not only for its scientific information but read the Editorials, the President's Page and the Washington News and Legislation sections. Here you will find a rich source of factual information.

I do not like to hear the term "The High Cost of Medical Care." It sort of labels the physician as the highwayman or robber. Change the term to the "High Cost of Hospital Care" and explain why. Investigate your local hospitals through your medical staff and find the reason why.

In a recent report of the Labor Department's Bureau of Labor Statistics, they report the following increases between June, 1950, prior to the Korean War and the end of the year: medical care (excluding drugs) 2.3 per cent; general practitioners fees 1.1 per cent, surgeons and specialists fees 1.2 per cent; hospital rates 4.9 per cent; prescriptions and drugs 2.5 per cent. In the same period the general cost of living for consumers rose 5.1 per cent, according to the Bureau.

The Woman's Auxiliary to the Utah State Medical Association gave valuable service last year assisting the Legislative Committee in the campaign against socialized medicine. They are sponsoring a Nurse Recruitment Program, and they will continue to assist the profession in many ways, nationally and locally. I urge that you support the Woman's Auxiliary more in the future. Their advisors should be appointed from the State Council, since this will give closer liaison between the profession and the Auxiliary.

J. RUSSELL SMITH, M.D.,
Councillor of the Third District.

Report of the Constitutional Secretary

We are beginning a new year, one in which the threat to our present system of free enterprise in America is more potent than ever. Even though the medical profession and all other professions and businesses were collectively successful at the polls last November, we still have the same forces to meet now and in the coming year. It therefore behooves each and every member of our profession to get behind every effort planned by your state and component societies aimed at preserving an Unregimented American Doctor.

The Council of your State Association has now embarked upon an extensive educational campaign, endorsed by the Educational Campaign Committee of the A.M.A. and similar to those used in most states and large city societies throughout the nation. The Council urges full support of this plan by the entire membership and also in addition, efforts along the same line by each component society. This campaign will cover every section of Utah and will continue through all of 1952. You will hear more about this campaign during this session.

As a member of the Council of our State Association, I have visited all but two of the component societies during the last year. It has been a pleasure to meet and talk with the men throughout the state—to hear the problems peculiar to their sections and also to learn that all of us have common problems regardless of our working locality. We have been able to suggest remedies in some cases and in others are working to effect necessary changes. One of these problems concerns the visiting consultation clinics. Henceforth the visiting specialist will function only as a consultant and the patient will return to the referring doctors as was the original plan when these clinics were set up. In Carbon County problems that were disturbing to the doctors working in that area are being corrected.

The first Monthly News Letter has been sent to all members of the State Association. The purpose of this letter is to acquaint the membership with the activities of the society and the problems confronting us. It is the hope of the Council that through this medium of exchange we can encourage a greater participation of all the doctors in the work of our organization. Our strength and effectiveness in the year ahead is in unity and working members. Let's all work.

T. C. WEGGELAND, M.D.,
Constitutional Secretary.

UTAH STATE MEDICAL ASSOCIATION Condensed Statement From Annual Audit for Year Ended July 31, 1951

RECEIPTS	
Dues State Association.....	\$16,586.50
Dues American Medical Association.....	15,475.00
Reimbursement for supplies and expenses from Salt Lake County Medical Society and Medical Service Bureau.....	1,637.59
Exhibition Space rental, 1951 Convention.....	3,230.00
Allowance for Collection of A.M.A. dues.....	276.75
Miscellaneous.....	22.11
TOTAL RECEIPTS.....	\$37,227.95
Cash Balances at August 1, 1950.....	17,484.33
TOTAL CASH BALANCES AND RECEIPTS.....	\$54,712.28
DISBURSEMENTS	
Salaries.....	\$ 5,352.60
Office Expenses and Sundries.....	
Rent.....	\$ 960.00
Postage.....	716.98
Telephone and Telegraph.....	806.60
Stationery and Supplies.....	627.14
Audit of Accounts.....	187.50
Reporting Annual Meeting.....	135.10
Miscellaneous.....	450.39
TOTAL OFFICE EXPENSE.....	3,883.71
Office Equipment.....	806.93
Advertising Program.....	2,390.56
Travel.....	
A.M.A. Meetings.....	\$ 927.66
R.M.M.C., Denver.....	202.90
Council on National Emergency.....	266.70
Council & Board of Supervisors.....	830.86
TOTAL TRAVEL.....	2,228.12
Subscriptions.....	1,397.20
Contributions.....	2,109.00
Membership dues, 1951.....	
United Public Health League of Utah.....	\$1,647.00
Woman's Auxiliary.....	1,647.00
Miscellaneous.....	20.00
TOTAL MEMBERSHIP DUES.....	3,314.00
American Medical Assn. dues remitted.....	15,350.00
TOTAL DISBURSEMENTS.....	\$36,822.22
Cash Balances on hand Aug. 1, 1951.....	\$17,890.06
TOTAL DISBURSEMENTS AND CASH BALANCES.....	\$54,712.28

Report of the Budget Committee

The Budget Committee met August 21, 1951, at the State Medical Association office. All members were present and studied the condensed statement of the annual audit. A copy of the audit by the Goddard-Abbey Company, Certified Public Accountants, is attached hereto and is made a part of this report.

All members of the committee feel that our present reserves should remain intact and that we proceed to carry our expenses on a pay-as-we-go basis for the coming year.

As stated in the last yearly report, 1950, a reduction in our State Association dues was appropriate and our current expenses could be covered but no addition to our financial reserves would be possible nor was such advised. Our cash receipts for 1951 exceeded expenditures by \$406.00 so you realize how close the margin really is although as stated our reserves remain untouched.

Of our 686 members, 595 are dues-paying members in the Association and at \$25.00 dues, the income will be \$14,875.00. The cash balance on hand, \$17,484.00. Total estimated income on present basis, \$32,359.00.

The following major items and amounts to be budgeted for 1951-52, are suggested for your consideration:

Salaries.....	\$ 6,500.00
Office Expenses and Equipment.....	4,500.00
Public Relations Program, Radio and Newspaper Advertisements.....	6,400.00
American Education Foundation (Earmarked for Univ. of Utah Medical School Instead of Library Donation).....	2,000.00
Auxiliary dues @ \$5.00.....	2,975.00
Travel Expenses.....	2,500.00
Subscriptions.....	
Rocky Mtn. Med. Jnl.....	\$1,372.40
A.M.A. Journal.....	15.00
Directory of Medical Specialists.....	9.70
TOTAL SUBSCRIPTIONS.....	1,500.00
United Public Health League of Utah.....	1,785.00

science
AND
fashion
DO GO
TOGETHER



Now women can have a beautiful and fashionable bust contour, even though they need scientific, surgical, and corrective support. Leading physicians, surgeons, and obstetricians from coast to coast unhesitatingly prescribe CORDELIA "CONTROL-LIFT" Brassieres in every type of post-operative, obesity, prenatal, and confinement case.

CORDELIA "CONTROL-LIFT" Brassieres provide over 600 custom fittings, with trained personnel in better stores and surgical supply houses everywhere, fully qualified to scientifically measure and fit even the most unusual cases.



CORDELIA "CONTROL-LIFT" Brassieres feature inner-cup construction for added support; extra-wide, continuous straps for utmost comfort; no over-shoulder cutting for the pendulous-type bust. Sizes range as high as 56.

We will be glad to furnish the name of the store nearest you where your patients may secure CORDELIA "CONTROL-LIFT" Brassieres in exactly the corrective fitting you recommend.

Cordelia
OF HOLLYWOOD
BRASSIERE CO.

3107 Beverly Blvd., Los Angeles 4, Calif., DUnkirk 3-1365

California's leading creator and manufacturer of scientifically designed Surgical, Corrective, and Style Brassieres

"Control-Lift" Brassieres are available at these stores:
COLORADO

Aurora—Cates Smart Shop
Beulah—Pullen's
Colo. Springs—Cradle Time Hibbard & Co.
Kaufman's
Denver—Denver Dry Goods
Joslin Dry Goods
Maternity Mode
Montaldo's
Ruth's Apparel
Durango—Fashionette Shop
Anton—Anderson's
Fort Morgan—NaDeane's Style Shop
Grand Junction—Charlotte's
Greeley—The Corset Shop
Dodd's
Gunnison—Mae's Shop
Hayden—Brock's Style Shoppe
Julesburg—Peterson's Style Shop
Lamar—The Lassie
Pueblo—C. C. Anderson
Sue Christian
Colo. Supply Div. of Colo.
Fuel & Iron
Day Jones Co.
Peggy Sue Shop
Pueblo Surgical Supply
Saguache—Malouff Dry Goods
Springfield—Veon Shop
Sterling—Garfield Tot & Teen
Trinidad—LeLavonne Shop

MONTANA

Billings—Malmin Shop
Vaughn Ragsdale Co.
Bozeman—Chambers Fisher Co.
The Kaye Shop
Butte—Muriel Selby Corset
Dillon—Hazel's Style Shop
Great Falls—Paris of Montana
Helena—Cotton Frock Shop
Leaf Lingerie
Kalispell—Anderson Style Shop
Livingston—A. W. Miles Co.
Simons, Inc.
Missoula—Ida Pearson Shop

NEW MEXICO

Albuquerque—Highland Dress
Kistler Collister
Lee Joy Shop
Mollies
Anthony—Chas. Mareet Shop
Clovis—The Vohs Co.
Hot Springs—Holland Shop
Las Cruces—Popular Dry Goods
Portales—Forson Ready to Wear
Raton—Raton Apparel
Santa Fe—Emporium Store
Socorro—Bacas Haberdashery

UTAH

Beaver City—Lee Style Shop
Cedar City—Priscilla Shop
Delta—Mabel's
Logan—C. C. Anderson Stores Co.
Millford—Hughes Style Shop
Nephi—Garbett's
Ogden—Emporium
Orchid Shop
Payson—Wilson Shop
Preston—Fla Cille Shop
Provo—Myrtle Shop
Lewis Ladies Store
Richfield—Rosana Shop
St. George—Mendy's
Salt Lake City—Auerbach Co.
Hudson Bay Fur Co.
LaRies Shop
Makoff
Surgical Supply Center
Springville—Crandall's

WYOMING

Casper—Kassiss Dept. Store
Quality Shop
Cheyenne—Dobbin's Women's Wear
Laramie—Mary Jane Shop
Lusk—Mary Jane Shop
Rock Springs—Hettis
Thermopolis—Fashion Shop
Torrington—Veta's Store

Conference of Presidents-----	\$	10.00	
Med. Society Executives Conference-----		5.00	
Intermountain Radio Council-----		5.00	20.00
			<u>\$28,280.00</u>

These items show an increase of almost \$7,000 due to advances for the following reasons:

1. Salary increases for William H. Tibbals \$410.00 and Mrs. Cutler \$125.00 or 10 per cent of present salary. (The innovation of an executive office letter to Association members and the coming legislative year will require extra clerical help in our office).
2. Office expenses, including telephones, are expected to be advanced 20 per cent.
3. The public relations program replaces last year's advertising and educational campaign costing \$2,390.00. This expenditure was approved by the State Medical Association Council, August 15, 1951, in the amount of \$6,400.00. This supercedes the Public Relations Committee suggestion for a full-time employee.
4. The Ladies' Auxiliary dues are requested increased from \$3.00 to \$5.00 per member to make more effective their work during the coming legislative year as recommended by our Legislative Committee.
5. With these increases in mind the Budget Committee suggests that our State Association dues be increased by \$10.00 per member for this fiscal year, 1951-1952.

I. B. McQUARRIE, M.D.,
 RUSSELL J. SMITH, M.D.,
 JAMES R. MILLER, M.D.,
 U. R. BRYNER, M.D.,
 LESLIE J. PAUL, M.D., Chairman.

Report of the Executive Secretary

The Association year, 1950-1951, is closed and in the opinion of the Executive Secretary it has been a successful one, not only in gaining more friends for the profession but in welding the members and component societies into a more compact organization. However, much remains to be done.

In an effort to answer the many inquiries as to the number of doctors in Utah, the writer has made a strenuous effort to arrive at the closest answer possible in view of the fact that many of our members fall entirely to keep the Executive Office advised as to their whereabouts. Of course, those who have not yet affiliated feel no obligation to keep us posted.

The following is an analysis of the list of medical doctors licensed by the State of Utah, as of April 15, 1951:

TOTAL LICENSES ISSUED-----	1,138
Number showing out-of-state address-----	323
Number died since 1951 license issued-----	5
Number issued to retired men-----	19
Number engaged in Public Health Work-----	6
Number engaged in Institutional Work-----	1
Number engaged in Full-Time V.A. Work-----	2
Number engaged in Teaching-----	33
Number Serving Residences-----	11
Total not in private practice-----	400
Remainder apparently engaged in private practice in the state-----	738

Of the above number, some 665 were active members of the Utah State Medical Association. These were distributed among the component societies and in the various specialties.

Once again the enrollment of members has increased in spite of unsettled conditions and calling of men to the service.

In conclusion, may I, upon the part of my assistant, Mrs. Cutler and myself, express to the officers and members, our congratulations upon a successful year and our appreciation for the consideration and support given us in our work.

Respectfully submitted,
 W. H. TIBBALS,
 Executive Secretary.

Report of the Board of Supervisors

The Board of Supervisors this last year has been composed of the following: 1951, W. Ezra Cragun, Logan; 1952, Paul K. Edmunds, Cedar City; 1953, Earl L. Skidmore, Salt Lake City; 1954, J. C. Hubbard, Price; 1955, J. G. Olson, Ogden.

The chief concern of this board, as designated by the House of Delegates, has been the professional

conduct and ethical deportment of the members of our Society. In our deliberations it has been extremely gratifying to observe such a high standard of conduct among the members of the Society. As in most organizations, it has been a very small minority who have been the cause of embarrassment to our members.

The board has held five regular meetings, one in conjunction with the Council. It has made two "on the spot" investigations. Several cases of bad ethical deportment were corrected without specific action being taken. Some cases were referred to the respective local society for consideration. Those cases concerned with exorbitant fees were corrected without specific action after the parties involved were properly informed as to each others circumstances. Disciplinary action was taken against one member of the Society which consisted of temporary suspension. This action was upheld by the Council in an appeal to and joint meeting with the Council. Most of the board considered were brought about by misunderstandings and misinterpretation of actions.

The committee members were very diligent in their duties and responsibilities and were present at all the meetings except when justifiably excused. We feel this board serves a real purpose and should have the continued support of the members of the Society.

W. EZRA CRAGUN, M.D., Chairman.

Report of the Fee Schedule Committee

The Fee Schedule Committee of the Utah State Medical Association, consisting of Drs. W. L. Smith, Floyd F. Hatch, Lawrence N. Ossman, John H. Clark, Rulon Howe, with W. R. Rumel as chairman, was appointed primarily to negotiate with the Utah State Industrial Commission in an effort to bring about an upward revision of the current medical and surgical fee schedule. The committee has met in formal session several times and there has been many informal discussions among the members of the committee and also with representatives of the Utah State Industrial Commission—Mr. Otto A. Wiesley, Mr. Frank Allen, and Mr. F. A. Trottler, as well as with Mr. Bert Merrill and Robert Spooner, who represent the independent insurance carriers.

All of the above have been in agreement that our fees should be increased; however, there has been considerable discussion as to just how much of an increase should be allowed, and as to which items should be included in the fee schedule. It was concluded that the problem could be solved best by including the various items listed in the present schedule and transposing the fees taken from the all-inclusive fee schedule which was worked out by the Utah State Medical Society in 1949, without further upward revision in the fees as listed. It should be stated for clarification that this 1949 schedule has not been published to date, but it is the schedule from which the Blue Shield fees were taken, although the latter were accepted on the basis of 75 per cent of the written fees with a top limitation of \$300.00 for any particular procedure which was set arbitrarily. Your committee feels that this schedule is by far the most fair and proportionately correct of any one previously used. Not only are the fees generally higher as they should be, but the relative worth of various operative procedures has been evaluated much more accurately than before. Emphasis should be given to the fact that in setting up this schedule a great deal of time was spent by a great many of our Society members who were appointed to work on the various subcommittees representing the different subdivisions and specialties in our profession. There was much discussion involving rather sharp differences of opinion on the part of the committee members concerning some fees, but the discussions were continued until it was generally agreed that the fee under consideration was either correct or that it was incorrect and should therefore be revised upward or downward.

The only exception to the above plan of adopting the fee as written concerns the items listed in the section dealing with orthopedic operations and fractures. Here, the over-all set-up was altered by the subcommittee in this specialty only to simplify the listing of the fees for the different procedures without significantly altering the level of the fees as given in the 1949 schedule.

Up to the present time, negotiations with representatives of the State Industrial Commission and the independent insurance carriers have not been completed, but we feel confident that we will ob-

YOU, Doctor, are the best judge, so

BELIEVE IN YOURSELF!

With so many claims made in cigarette advertising,
most doctors prefer to judge for themselves.
So, Doctor, won't you make this simple test?

**Take a PHILIP MORRIS—
and any other cigarette. Then,**

1. Light up either one. Take a puff—don't
inhale—and s-l-o-w-l-y let the smoke
come through your nose.
2. Now do exactly the same thing with the
other cigarette.



Then, Doctor...BELIEVE IN YOURSELF!

PHILIP MORRIS

Philip Morris & Co. Ltd., Inc.
100 Park Avenue, New York 17, N. Y.

tain the increase in our fees which has been requested. We have been informed that before a final decision can be made, without a public hearing, that the home offices of the various insurance companies would have to examine and approve the proposed schedule. Mr. Bert Merrill and Mr. Robert Spooner have written several letters to their companies, and at present are completing a report which will be considered at our next meeting. This, we hope, will be called in the very near future so that a final decision can be made.

During the course of the study and work on the problem of medical and surgical fees, your committee considered several other closely related matters, and have made resolutions which we feel should be acted upon favorably by the House of Delegates of the Utah State Medical Society at the coming annual meeting this fall. The following are the matters under consideration:

I. Adoption of Basic All-Inclusive Fee Schedule by the Utah State Medical Association

At all too frequent intervals many members of our medical society are asked to work out a fee schedule for this or that local, state or national group or organization. Such a project obviously involves a great deal of time and effort on the part of the men involved, the majority of which time is wasted due to the fact that this work is re-duplicated each time a new schedule is set up. We feel that all too often such fee schedules may be at considerable variance with other fee schedules inasmuch as different members of the Medical Association may be asked to work on the problem. This, of course, causes considerable confusion and consternation among our members and particularly among the laymen who are attempting to provide for a fair schedule. We feel that all of the medical and surgical services which are rendered to the public have certain average values, and that it should be possible for members of our association to establish an all-inclusive fee schedule which is proportionately correct with reference to the relative value of various fees included, and once this is accomplished then this over-all schedule can be accepted as written, or if deemed advisable for a given group or organization, it can be accepted on a percentage basis. Also, if it seemed proper, only part of items listed in the overall schedule could be included for a particular group to serve its particular purpose. In this way, the useless and repetitious work of setting up new schedules every few months or few years would be eliminated, and if the basic schedule is set up correctly a payment for services would be fair and equitable for all.

Resolution: Your committee, therefore, would like to recommend that the Utah State Medical Society print the above mentioned 1949 all-inclusive fee schedule in booklet form as the official working fee schedule of the Society, and that no change in the listed fees be made unless such changes are agreed upon during a formal meeting of duly appointed members of all subdivisions and specialty groups of the profession. We feel further, that if it is deemed advisable to make a reduction in fees for any group or organization, or for any component society, that the percentage reduction decided upon should be applied alike to all fees listed in the schedule in order to keep the basic proportion correct.

II. Adoption of Basic All-Inclusive Fee Schedule by National Organization

It is obvious that an ever-increasing percentage of our medical practice is being covered by prepaid insurance plans on a national basis either governmentally or commercially. It is also very obvious that the fee schedules used by these national organizations are inadequate in many instances; are variable from organization to organization; and without exception are completely incorrect with reference to the relative value of various medical and surgical services listed. Attempts to correct these inequities on a local level have been shown by experience to be absolutely futile. We, therefore, feel that if our State Society could recommend and encourage one of our national organizations, such as the American Medical Association, to establish an all-inclusive schedule of the relative value of fees for medical and surgical services on a unit basis that all of the medical profession would have a greater chance of obtaining adequate compensation for services rendered under these prepaid plans. If this ratio were set up after adequate research and study by the national organization then all that would have to be decided on the state or local level would be the value of the unit to be used. For example, in a state with a high standard of living unit might properly be \$100.00, while in one

with a low standard of living it might properly be \$40.00, but still the ratio between fees would remain the same. Then, if an appendectomy were determined to be worth one unit the fee would be \$100.00 in the former and \$40.00 in the latter region. If a thyroidectomy were determined to be worth 1½ units then the fee would be \$150.00 in the former and \$60.00 in the latter.

Resolution: We would, therefore, recommend that the Utah State Medical Association authorize the present fee schedule committee to negotiate with the American Medical Association in an effort to establish an all-inclusive schedule of the relative value of various medical and surgical services on a unit basis which would serve as a guide to the establishment of actual fee schedules on a local level.

III. Standardization of Amount of Reimbursement for Medical and Surgical Services Rendered to Patients Covered by Commercial Insurance Companies

Because of the increasing percentage of the over-all population which is being covered by various plans for medical and surgical care either on a local, state or national independent group basis, it is becoming more and more important for all of us as physicians that a fair and adequate schedule of compensation be established. At the present time the reimbursement schedules for many of these different organizations vary considerably. Unfortunately there is a natural and a very strong tendency for all of these groups to bring pressure to bear to cause us as physicians to accept the lowest fee schedule which might be used by a particular group. This fundamentally is justifiable even though it is to our disadvantage, since if we can do work at a low rate of compensation for one organization, then there is no reason why we should not accept the same rate of compensation for another similar organization.

In a preliminary discussion with Mr. Lewis Terry, Commissioner of Insurance, for the state of Utah, regarding the standardization of reimbursement schedules for the various insurance companies of comparable qualifications, a good deal of encouragement was given to us since not only is the need for such standardization basically sound, but it would remove a good deal of confusion from the problem of establishing just and equitable reimbursement by the various insurance companies. The question as to whether or not the large national companies would accept such standardization was brought up and apparently such a project could be easily carried out on a local level without significant interference one way or another from the national organizations. Such problems as varying the reimbursement schedules depending upon the percentage of coverage provided by the premium paid could undoubtedly be worked out without difficulty.

Resolution: In view of these considerations your committee feels that further efforts be made to standardize reimbursement within the state for services rendered to individuals covered by insurance organizations of comparable make-up. This would include fees paid to doctors for routine insurance applications and reimbursement to the policyholder for medical and surgical services, etc.

IV. Continuation of Work by Fee Schedule Committee

Because of the fact that the present Fee Schedule Committee is actually in the midst of working out the problems mentioned above, and since a good deal of study and groundwork has been done—which would require much repetitious work on the part of any new committee which might be appointed—we of the committee, being willing to continue to serve, would like to be authorized to do so. Inasmuch as some branches or subdivisions of medical and surgical service are not at present represented on the committee we feel that appointments might properly be made to correct this deficiency.

Resolution: The members of the present Fee Schedule Committee recommend that the House of Delegates appoint additional members to this committee, as is deemed advisable—and that the resulting committee be authorized to continue with the various problems which have been started.

W. L. SMITH, M.D.,
FLOYD F. HATCH, M.D.,
LAWRENCE N. OSSMAN, M.D.,
JOHN H. CLARK, M.D.,
RULON HOWE, M.D.,
W. R. RUMEL, M.D., Chairman.

TO REMOVE

blood - tissue - plasma

from glassware, instruments and linens

depend on

KLER-RO[®]

"Ulmer"



THE RESULT OF MODERN RESEARCH

Put an end to overnight soaking by using KLER-RO. In just ten minutes crusted coatings of blood and contamination are readily dissolved without affecting the sharp edges or points of surgical instruments. KLER-RO cleans instruments of the most intricate design — penetrates hard to reach parts with ease and efficiency.

Send Today for Your
Trial Sample of
KLER-RO "Ulmer"
RM-1151

Surgical linens are saved from quick discard or transformation into autoclaving wraps. Smock, apron and gown emerge from the KLER-RO solution with all evidence of blood stains removed. KLER-RO is economical. A single 2 lb. can gives you 42 gallons of full strength detergent solution.

**KLER-RO-IZE Before
You Sterilize**

Order KLER-RO today, or send for your trial sample. Test KLER-RO on your hardest cleaning problems and you will see why we say, "They'll Come Clean With KLER-RO."

PHYSICIANS AND HOSPITALS SUPPLY COMPANY, INC.

1400 HARMON PLACE

MINNEAPOLIS 3

MINNESOTA

for NOVEMBER, 1951

879

Report of the Public Relations Committee

Your committee has had only one problem which seemingly involved public relations and that concerned the United Mine Workers, as represented by Dr. William A. Dorsey of Denver, Colorado—as medical director—and the Carbon County Medical Society.

We studied the problem intensively and in conjunction with the Council of the Utah State Medical Association finally effected the initiation of a program which fairly well satisfied both the profession in Carbon County and the United Mine Workers.

It was my privilege as chairman of the committee, to attend a two-day convention on public relations held at Cleveland in December, 1950, in connection with the interim session of the A.M.A.

I have talked to some but not all members of my committee concerning some of the proposals and papers read at that convention and we offer here our suggestions as to some things which seem pertinent to the profession and also offer some proposed projects which we feel merit further study, with the suggestion that all or part of these suggestions be formulated into a plan of procedure for our own state.

Dr. John Cline, now President of the A.M.A., pointed out "that fundamentally—public relations—is the sum total of individual doctor-patient relationship." He also said that the bulk of patient unhappiness results from three things: 1. Fees. 2. Lack of courtesy. 3. Unnecessary surgery.

He pointed out that if the individual doctor responds to the code of a gentleman, he keeps out of trouble and keeps the profession out of trouble; if he doesn't then there must be disciplinary action available. Dr. Cline also stated, "that after the most systematic campaign of vilification of any respected profession by the administration, that the medical profession, as the result of our campaign, is no longer on the defensive but are on the offensive and have established many allies, have brought the basic issues of freedom to the front."

A most interesting talk was made by Mr. Louis B. Seltzer, editor of the Cleveland Press, on "What the Community Expects of the Medical Profession." Mr. Seltzer was chosen by Kiwanis International along with J. C. Penney, Charles E. Wilson and others to have radio shows portraying each of their lives as having come up the hard way. These shows are set out as effective arguments for our free enterprise system and could be sponsored by the medical profession. (A brochure entitled, "The American Dream Comes True," is filed with the original report at the state offices.) It might be stated that Colorado Medical Society has sponsored a radio series, "Dr. Tim, Detective," with great public acceptance. Mr. Seltzer made the following observations:

The public expects:

1. The best of medical care.
2. To keep costs in line.
3. That the unscrupulous doctor shall not be protected.
4. That the subject of medicine is not the exclusive domain of the doctor.
5. That the doctors' entry into politics is not just a pressure group.

Dr. Crisman, Secretary of the Dade County Medical Society of Miami, Florida, presented the most practical and detailed program. We have filed the diagram of this program with the state offices and recommend its study to the incoming committee.

This merits careful study and much of this plan could be applied to both County and State Societies. Under the plan they assessed each member \$10.00 per year for public relations work and with this they carried out many of their plans such as organization of a speakers bureau, which spoke to 1,000 Dade County organizations, produced medical articles for papers and shows (live) for radio and television, under titles of "Tell Me Doctor" series and "Your Family's Health." (225 radio appearances were made), gave radio and press dinners to create good press, radio relations, etc. Disaster committees and other public service committees on tuberculosis, public health, etc., could or should be organized.

We feel the next year is a particularly critical year for America as well as the medical profession. President Truman has reiterated his sanction of a socialized plan of medical insurance. We feel the profession is the one group which can carry the torch that lightens the way for the people to once

again see clearly the real America that will be saved only by the herculean efforts of those who truly love her.

We have done little but we feel to recommend to the Medical Council that the new committee be appointed for a period of two or three years in order that this program might first be comprehended and then put into effect. We also strongly recommend that an excellent public relations layman be employed, either on a full-time or part-time basis for the next year to activate the work which needs to be done and that a \$10.00 or \$15.00 assessment be made on each State Society member to finance this program.

Many members see red when asked to pay for even a needed program. We hope that all will be sufficiently aware of the need for this program that they won't be like the old man who went hunting and when it began to rain he crawled into a hollow log for shelter. It rained so hard that the log swelled and pinned him in tight. The panorama of his life went before him and he remembered that some thirteen years ago he voted the Democratic ticket. He felt so small he crawled right out.

Let's look for something besides dead logs to protect us from the rain of socialism and let us willingly buy a share in Americanism, not only with a ten dollar bill but with some individual effort. This responsibility is a bit like loving a beautiful girl—the intervention of a third party makes it highly unsatisfactory.

T. E. ROBINSON, M.D., Chairman.

Report of the Medical Defense Committee

During the fiscal year, September, 1950, to July 31, 1951, only three new malpractice actions have been filed. However, we have pending four cases previously filed, involving some \$300,000.00 claimed in damages. Two of these cases are expected to go to court in the near future. During this same period two cases have been settled at an expense of \$3,900.

It is astonishing that we have not had more actions filed in view of the fact that some doctors have not yet learned to speak judiciously. The following statement of one young doctor made to his patient illustrates what I mean:

This young man had presided at the birth of a second baby. He reported to the patient that the birth had been quite easy, only requiring some four minutes but that he had had to spend two hours repairing work done by the man that had presided at the birth of the first one.

RUSSELL G. OWENS, M.D., Chairman.

Report of the Councilor of the First District

As Councilor for the First District, it is my pleasure to report that for the year ending as of this date there have been no dissensions or complaints from the component societies or any member thereof, collectively or individually, which were not resolved peacefully and amicably within the societies without presentation to the Council.

To my knowledge there have been no instances of individuals or insurance carriers complaining of unfair practices or over-charging and certainly no such complaints have been brought to the attention of the Councilor or presented to the Council for review and adjudication. I know of no cases of threatened malpractice suits or tax-evasion actions brought against any of our members. If there were such threats or actions, they must have been of minor importance and were settled without publicity or reference to the Council.

In these times, when public morality is conceded to be not of the highest level and there is an appalling popular misconception of the average doctor's economic status, I think these facts bespeak of a high type of ethical conduct for the doctors of this district.

The above is not intended to clear the skirts of those few who persist in overcharging, gouging insurance carriers, refusing to respond to calls when needed, performing unnecessary services for a fee, falsifying tax returns, etc. These few will always be with us, as they are in all professions, bringing discredit upon our entire membership, and I think it is time to find them and eliminate them in order to regain some of our lost prestige.

If we permit a member to continue to practice medicine when we know he is trafficking in opiates or other dangerous drugs or he himself uses them or is habitually inebriated, in the eyes of the public we condone it. We should never allow such a case to be brought to light by laymen or even law

Cook County Graduate School of Medicine

ANNOUNCES CONTINUOUS COURSES

SURGERY—Intensive Course in Surgical Technic, Two Weeks, starting November 26, January 21, February 4. Surgical Technic, Surgical Anatomy and Clinical Surgery, Four Weeks, starting February 4, March 3. Surgical Anatomy and Clinical Surgery, Two Weeks, starting February 18 and March 17. Surgery of Colon and Rectum, One Week, starting November 26, March 3. Gallbladder Surgery, Ten Hours, starting April 21. Basic Principles in General Surgery, Two Weeks, starting March 31.

GYNECOLOGY—Intensive Course, Two Weeks, starting February 18, March 17. Vaginal Approach to Pelvic Surgery, One Week, starting March 3.

OBSTETRICS—Intensive Course, Two Weeks, starting March 3, March 31.

MEDICINE—Intensive General Course, Two Weeks, starting April 21. Electrocardiography and Heart Disease, Two Weeks, starting March 17.

UROLOGY—Intensive Course, Two Weeks, starting April 14. Ten Day Practical Course in Cystoscopy every two weeks.

ROENTGENOLOGY—Two-Week Lecture and Clinical Courses each month.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES

TEACHING FACULTY—ATTENDING STAFF OF COOK COUNTY HOSPITAL

ADDRESS: REGISTRAR, 427 SOUTH HONORE STREET, CHICAGO 12, ILLINOIS

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

For

Physicians, Surgeons, Dentists Exclusively



\$5,000.00 accidental death \$25.00 weekly indemnity, accident and sickness	\$8.00 quarterly
\$10,000.00 accidental death \$50.00 weekly indemnity, accident and sickness	\$16.00 quarterly
\$15,000.00 accidental death \$75.00 weekly indemnity, accident and sickness	\$24.00 quarterly
\$20,000.00 accidental death \$100.00 weekly indemnity, accident and sickness	\$32.00 quarterly

Cost has never exceeded amounts shown.

ALSO HOSPITAL POLICIES FOR MEMBERS, WIVES AND CHILDREN AT SMALL ADDITIONAL COST.

85c out of each \$1.00 gross income used for members' benefit

\$4,000,000.00 INVESTED ASSETS **\$17,000,000.00 PAID FOR CLAIMS**

\$200,000.00 deposits with State of Nebraska for protection of our members. Disability need not be incurred in line of duty—benefits from the beginning day of disability.

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

40 years under the same management
100 First National Bank Building, Omaha 2, Nebraska



The Emory John Brady Hospital

401 Southgate Road

A Private Hospital for Nervous and Mental Diseases

Situated in a beautiful valley two miles south of Colorado Springs, which is nationally known as a health center. New building for mild cases of Functional Neurosis, affording complete classification of patients. Home-like surroundings, scientific medical treatment and nursing care. Booklet and rates on application.

C. F. Rice, Superintendent, Colorado Springs, Colorado

enforcement officers but we should initiate action against such offender for the sake of our profession and the protection of society.

A few worthwhile accomplishments have blessed our efforts of the last year:

1. The doctors of Cache Valley unanimously opposed the efforts of the State Nursing Committee to close the Logan L. D. S. Hospital School of Nursing. For years the Budge Memorial Hospital had an accredited school of nursing. Three years ago the L. D. S. Church purchased the Budge Hospital and also the Cache Valley General Hospital and combined them. Since then they have done a great deal of remodeling, increasing the capacity of the hospital and have almost doubled the staff. The new hospital has been fully equipped. During the last year they have completed and equipped a \$150,000 nurses' home and training school. They have effected affiliation with the State College in Logan for basic training leading to a B.S. degree and with a Denver hospital for additional pediatric and psychiatric training. The various departments are fully staffed with competent supervisors and teachers.

The first class of six nurses under the new set-up was graduated last spring. In spite of all this the school is now to be denied accreditation and closed largely because the daily average patient load of the hospital does not meet national requirements. It is safe to say the daily load per trainee is greater than in many larger hospitals. We know where our weaknesses are and knowing them will correct them but we ask for a reasonable time to do it. Certainly the nurses graduating now are better trained than those of former years and the need for nurses is greater than ever before.

2. Too much credit cannot be given the doctors of this district and the state for the wholehearted and cooperative manner they carried on the campaign last year to save free medicine. Partisanship and personal feelings gave way to a bigger cause. First victory, however, is often the beginning of defeat and it will be for us unless we keep our powder dry and fight the forces of socialization wherever their ugly heads appear. Our contributions of time, energy, and money were voluntary and individual but sufficient for the moment. We went to the press, the air, and platform but more important in my opinion, we carried our message to our patients in our offices. That was education at its best.

3. It is difficult to get the feeling of urgency for national and personal defense out here in the mountains. Especially defense against forces so far away and about which we know so little.

A great deal has been done, especially in Ogden and Weber Counties and later in Logan and Cache Counties by way of blood-typing and tattooing. This is a practical and understandable phase of national defense and of such vast importance in an emergency we urge a stepped-up effort to procure a walking blood bank as nearly universal as possible. Up to the present time, Weber County Society is responsible for typing and tattooing approximately 4,000 people. The program was discontinued during the summer but will be accelerated this fall and winter. The staffs of both Ogden hospitals have been organized for receiving and treating emergency cases, an atomic monitoring team has been organized and \$3,000.00 worth of materials for first-aid kits have been ordered.

In Cache County approximately 400 people have been blood-typed and tattooed. This program is being carried to civic groups and to smaller communities in cooperation with the town authorities and church organizations and will be more vigorously prosecuted after the harvest season is over. The county nurses group and hospital staff are organized for emergency work.

Other phases of the defense program are moving along more slowly. In some instances organizational work has been completed, at least on paper, but in case of a major catastrophe perpetrated by a ruthless and cunning enemy, no matter what form it assumed, most of us would be hunting for the rule book to find out what to do. Public apathy and disinterest is appalling and our unwillingness to accept hypothetical probabilities as stern realities because it "can't happen here" may seal our tombs with the epitaph "too little and too late."

R. O. PORTER, M.D.,
Councillor, First District.

Report of Public Health Committee

The Public Health Committee has had an active year and has sponsored several projects, some of

which are not yet completed. For the second consecutive year we are sponsoring a diabetes detection drive in cooperation with the American Diabetes Association. This is a national drive which was started three or four years ago and has been endorsed by the House of Delegates of the American Medical Association. More than 5,000 county and state societies cooperated in last year's drive. It is not a fund-raising drive and is the only major health drive sponsored by the medical profession. The American Diabetes Association is a medical society consisting of doctors who are especially interested in diabetes. It is not a laymen's group. After careful study we feel that it should be actively supported by the members of our Society. Although we have strongly urged all the component societies to organize and to appoint committees for this purpose, several have failed to do so as yet. We feel that this is a great opportunity to render a real public service, and also to help build up our public relations which are at a low ebb at present.

We have undertaken studies of the venereal disease problem in our state and have approved in principle the abandonment of the V.D. Clinic in Salt Lake City as proposed by the Utah State Board of Health. According to this plan, these patients would be referred to private practitioners who would treat them according to recognized plans and would be compensated by the State Board of Health on a case basis, besides supplying all medications and follow-up contact service. It has been adopted in some other states and is said to be successful. This plan would result in considerable financial saving to the State Board of Health and would put these patients back where they belong, namely into the hands of the private practitioners.

We have studied the tuberculosis situation in the state and have found that there are at present about sixty active cases in Salt Lake City alone, and twenty-two others throughout the state, which are not in institutions. Many of these patients are in need of institutional care which is not available. The State Sanatorium at Ogden is full except for ten beds for which personnel is not available. Many of these active cases outside of the sanatorium are definite menaces to the health of the communities in which they live, and, ironically enough, most of those in Salt Lake City live in cheap hotels and boarding houses within 1,000 feet of the City Board of Health. There is a real need for convalescent facilities for cases not requiring hospital care, and there is a great need for more active case reporting on the part of physicians. We have studied and approved an immunization schedule in conjunction with the State Board of Health and are sending copies of the schedule to all members. We urge the members of our profession to push this immunization program at every opportunity, especially with the threat of war hanging over us. We believe that this work should be done largely by private physicians rather than by city, county and state boards of health, and we urge the component societies to sponsor immunization drives. We recognize, however, the necessity of drives on the part of the boards of health in order to provide this service for people who do not receive it from their private physicians. We have found that the State Board of Health is very cooperative in this matter and it is their desire as well as ours that this work be done by the family physician whenever and wherever possible. If this matter were pushed by our county societies only a few stragglers would be left for the board of health drives to complete.

Perhaps our most important projects have been studies on sewage disposal and water supplies in this state. We have prepared rather extensive reports on these two subjects and have requested the Council of the State Association to have them mimeographed and sent out to each member of the State Association. We hope that by the time of our state meeting these reports will be in your hands and we urge you to read them and study them carefully. We strongly advocate that the physicians of this state take more interest in these and other matters pertaining to public health, and that they support and initiate improvements and legislation designed to improve existing conditions. We feel that the general population is very poorly informed regarding many of these matters and that even the doctors themselves know very little about them. The only way to bring about needed changes such as purification of our water supply and the providing of adequate sewage disposal facilities is by arousing public interest to the point where something will be done about it. If the doctors will acquaint themselves with these facts and will discuss them with their friends and patients, promote

Dilaudid hydrochloride

(dihydromorphinone hydrochloride)

COUNCIL ACCEPTED



Powerful opiate analgesic - dose, 1/32 grain to 1/20 grain.

Potent cough sedative - dose, 1/128 grain to 1/64 grain.

Readily soluble, quick acting.

Side effects, such as nausea and constipation, seem less likely to occur.

An opiate, has addictive properties.

Dependable for relief of pain and cough, not administered for hypnosis.

● Dilaudid is subject to Federal narcotic regulations. Dilaudid, Trade Mark Bilhuber.

Bilhuber-Knoll Corp. Orange, N. J.

DON'T DEPEND ON LUCK

FOR AUTOMOTIVE SERVICE

Visit Denver's
LEADING SERVICE CENTER

Where You Get
Quality at a
Fair Price!

Open Evenings 'Til 9

CAPITAL CHEVROLET CO.

TELEPHONE TABOR 3191
15th & BROADWAY - DENVER

* * * * *



*A Complete
Production Service*

**ELECTROTYPES
MATRICES
STEREOTYPES
PRINTING
TYPOGRAPHY**

Western Newspaper Union

Denver - - - - - 1830 Curtis St.
New York - - - - - 310 East 45th St.
Chicago - - - - - 210 So. Desplaines St.

And 33 Other Cities

* * * * *

public education at every opportunity, etc., we will render a public service which will lead eventually to the correction of this situation. Again, we urge you to read these reports carefully.

We advocate the consolidation of cities and counties into health units. These units should be organized according to accepted procedure on a population basis. Such a change would be more efficient and would in some cases save certain duplications which now exist. For the most part, the city and county boards of health are inadequately staffed and almost devoid of trained personnel. We are supporting some proposed amendments which we hope will be submitted to the people on a referendum vote.

In closing, we would again like to urge the profession to take more interest in matters of public health. We believe that we should provide leadership in such matters and should initiate and support desirable improvements. We are prone to sit back and "let the Board of Health take care of it." We have been repeatedly criticized by the general population because of this attitude and have been accused of being too busy making money to take any interest in these broader matters of public health. A more active participation by the profession, both individually and as an organization, would go far to improve our public relations which are at present at a low ebb.

KENNETH B. CASTLETON, M.D., Chairman.

Report of the Mental Health Committee

Members of the committee have aided in the revision of the Utah State Laws for Commitment. These laws have been revised to facilitate medical psychiatric care and hospitalization if necessary for psychiatric patients without court commitment. The new laws facilitate ease of voluntary admission to the Utah State Hospital for psychiatric treatment.

The committee met with the head of the Department of Psychiatry to clarify certain relations between private practitioners of psychiatry in this area and the Department of Psychiatry at the University of Utah School of Medicine. The committee feels that the employment of part-time psychiatrists by the Department of Psychiatry does not best meet the needs of the Department of Psychiatry and poses the question of subsidizing part-time individuals in the practice of private psychiatry. The employment of full-time psychiatric personnel of high caliber to fill essential needs in the Department of Psychiatry is strongly supported by the committee.

Various members of the committee have worked on state, county, and community committees relative to social planning for the state.

Cooperation was afforded to the Utah State Society for Mental Hygiene in its program for observation of National Mental Hygiene Week.

ROY A. DARKE, M.D., Chairman.

Report of the Hospital and Professional Relationships Committee

This committee was established to carry out the provisions of the Hess Report as approved by the House of Delegates of the A.M.A.

The Hess Report relates to the practice of corporate medicine with special emphasis on the ancillary hospital specialties of pathology, radiology and anesthesiology. But it also points out the possibility of spread of corporate medicine to include the other branches of medicine, especially obstetrics and surgery. It is felt that the corporate practice of medicine should be based upon the Code of Ethics of the A.M.A. and the ethics expressed by the Hess Report. Basically, the Hess Report is an attempt to prevent exploitation in the practice of corporate medicine. By definition of your committee, exploitation refers to exploitation of the hospital by the doctor, exploitation of the doctor by the hospital, or exploitation of the patient by the hospital or doctor or both.

In an attempt to give exploitation more specific meaning, three factors have been developed:

1. The doctor, in a hospital-doctor relationship, should receive financial compensation the equivalent of other specialists in comparable fields, but his income should not be in excess of this level.

2. The hospital should be compensated for space used, maintenance services, technical help, supplies and equipment, and interest plus a reasonable sum for department income.

3. A patient should not be overcharged. When the hospital and doctor are adequately compensated, the fees should be readjusted to properly cover this.

More specifically, as stated in the Code of Ethics

of the A.M.A., Chapter III, Article IV, Section 2, "A physician should not dispose of his professional attainments or services to any hospital, corporation or lay body by whatever name called or however organized under terms or conditions which permit the sale of the services of the physician by such an agency for a fee." In addition, it has been recommended that bills be submitted in the names of the doctors involved. In that the latter recommendation becomes extremely difficult in the case of hospital pathology, it has been felt that such billing in pathology be limited to outside patients rather than to hospital patients as well.

A questionnaire was sent out by your committee to determine the nature of the contractual relationships in the state. It was found that the anesthesiologists were all complying with the recommendations of the Hess Report, being on a fee basis and submitting individual bills. The radiologists are generally complying with these recommendations with one exception as far as percentage arrangements are concerned, while several are not billing individually. The pathologists are not in as favorable a position. Many are on straight salaries; most submit individual bills on outside work. The work of the committee for the future should in part deal with a more specific questionnaire with regard to the question of exploitation discussed above.

Another recommendation of your committee refers to proselyting of ambulatory patients by hospital specialists. It is felt that there should be open competition between the specialists in the hospitals and those in private practice, and that no undue pressure should be exerted by the hospitals on their staff members to increase the hospital revenue.

It should be emphasized that initiation of any action or control of corporate medicine starts at the county level. The national bodies, whether specialty or the A.M.A., can only enter the picture after initial action has been taken by local groups. For this reason, it has been recommended that the Council of the Utah State Medical Society should raise this problem for discussion in their visits to the component societies in the state.

Along with socialized medicine, the subject of corporate medicine has been one of the important issues of the day. It is recognized by your committee that future changes must be on an evolutionary basis rather than on the basis of any drastic action or recommendations. For this reason, it is felt by this committee that it should be continued, and that the members should be replaced gradually to maintain a continuity in the work and recommendations made by this group.

The committee also views with concern the continued inclusion of medical benefits (pathological, radiological, anesthesia and physical therapy) in the Blue Cross plan. It strongly recommends that renewed efforts be made to have the Blue Cross exclude these medical services from its Hospital Insurance Plan to the end that hospital service be limited to include only hospital accommodations such as bed, board, operating room, medicines, surgical dressings and general nursing care. In this way, the distinction between hospital services and medical services will be made clear both to the medical profession and the general public.

Your committee has spent a great deal of time in the past year. Many meetings have been held as well as an open meeting for all anesthesiologists, radiologists, and pathologists in which their view could be expressed and discussed. This report is a summary of all such work and discussion.

JOHN H. CARLQUIST, M.D., Chairman.

Report of the Rocky Mountain Medical Conference Continuing Committee

The activity of the Continuing Committee during the last year has consisted of a meeting held on May 10, 1951, during the sessions of the last Rocky Mountain Medical Conference. I am enclosing a report of the meeting held on May 10.

As explained in the first paragraph of this report, there was considerable discussion in regard to the next and future meetings. Not all of this was included in the minutes of the meeting.

The Utah committee, as you probably know, was instructed by the Council to discuss the discontinuance of the Rocky Mountain Conference meetings. Or if they were held, it was suggested that they be held in connection with the state meetings in whichever state they were held.

The motion by me after the discussion spoken of in paragraph one of this report, was that the next conference be held in Salt Lake City in 1953, in connection with the Utah state meeting. However, included in this motion was also a suggestion that the state committee discuss individually with their

DEEP ROCK Artesian Water

Famous for over 52 years as Denver's
finest and purest drinking water.

- Endowed by Nature with the ideal amount of fluorine, 1.3 parts per million
- Contains no added chemicals
- Recommended by Doctors for baby formulas, stomach and kidney disorders

DEEP ROCK Distilled Water

- Scientific distilling process removes all minerals
- Aerated, to remove flat taste of other distilled waters
- Recommended by Doctors for baby formulas, allergies, prescriptions and sterilizing instruments

Order Now At Your Pharmacists
or call TABor 5121

DEEP ROCK WATER CO.
614 27th Street Denver, Colorado

YORK PHARMACY

Denver's Finest Prescription Store

J. GLEN MATSON, Owner

Free Delivery

Phone FR. 8837

2300 East Colfax Avenue at York Street
Almay Cosmetics

NURSES' OFFICIAL REGISTRY

Endorsed by District No. 2
Colorado State Nurses' Association
American Nurses' Association

REGISTERED NURSES PRACTICAL NURSES

Nursing Service for All Community Needs

KEystone 0168
Argonaut Hotel
Colfax and Grant, Denver

GRADUATE and POSTGRADUATE MEDICINE

COURSES IN THE SCIENCES FUNDAMENTAL TO
MEDICAL AND SURGICAL SPECIALTIES AT
UNIVERSITY OF COLORADO MEDICAL SCHOOL

Denver, Colorado

Winter Quarter—January 2 to March 15, 1952

Spring Quarter—March 24 to June 9, 1952

These courses are designed to orient the graduate student in the basic sciences required for certification by the various American Specialty Boards, except Otolaryngology and Ophthalmology. Attendance on a full-time or part-time basis may be arranged according to individual needs.

Winter Quarter includes symposia and seminars covering the various clinical phases of physiology, biochemistry, pharmacology, pathology and bacteriology closely correlated with patient problems as related to the clinical specialties. (Emphasis is placed upon medical subjects.)

Spring Quarter includes anatomy of the surgical specialties, experimental surgery, gross and microscopic pathology, neuropathology, neuroanatomy and x-ray physics. (Emphasis is placed on surgical subjects.)

University credit is granted. Tuition is \$52.00 per quarter full time for residents of the State of Colorado, \$117.00 per quarter full time for non-residents.

Apply to

**Director of Graduate and Postgraduate Medical Education,
University of Colorado Medical Center, Denver 7, Colorado**

own state societies whether or not these meetings should be discontinued or held in connection with the state meetings.

It was felt that the meetings were not successful when held in the smaller cities; and the possibility of holding the meetings alternating in Denver, Salt Lake City, and Albuquerque, New Mexico, was also discussed.

A financial report under date of June 20, 1951, was submitted from Harvey Sethman, executive secretary for the 1951 meeting. This indicated a surplus from this meeting of \$2,526.27. This was not expected as the Albuquerque meeting in 1947 showed no profit and cost the State Society \$500.00. The Butte, Montana, meeting in 1949, cost the State Society \$500.00, and there was a deficit of \$504.31. This deficit was paid by a loan from the Colorado State Medical Association, and it has been recommended that they be reimbursed from the above surplus.

I feel that definite action should be taken before the 1953 meeting with the Utah State Medical Association as to whether this conference should be discontinued, held in conjunction with the state meetings, or whether it should be alternated between Denver, Salt Lake City, and Albuquerque.

CLARK L. RICH, M.D., Chairman.

Addendum to the Report of the Rocky Mountain Medical Conference Continuing Committee

Some of the members of this House of Delegates attended the Sixth Biennial Meeting of the Rocky Mountain Medical Conference, held in Denver, May 9, 10 and 11, 1951, and therefore remember that it was a most successful meeting. This was the second time the conference had met in Denver. In 1949, it had completed the rotation among the five participating states.

Registrations totaled exactly 1,000, including 425 physicians, 180 medical students, and 395 exhibitors, lay visitors, Woman's Auxiliary members, and others. Color television added greatly to the teaching value and all of the guest speakers delivered valuable scientific messages.

In happy contrast with the 1949 meeting of the conference, which encountered several unavoidable misfortunes and went deeply into the "red" financially, the 1951 meeting in Denver recovered all the 1949 losses and produced a new back-log in the conference treasury total, \$2,576.27. The next meeting of the conference will be held in Salt Lake in September of 1953.

We wish to remind this House that the Rocky Mountain Medical Conference is managed by its thirty-five-member Continuing Committee, composed of committees of five physicians appointed or elected by each of the participating State Medical Societies, plus the current President and Executive Secretary of each of these states. All of us are, however, subject to the advices of our respective Houses of Delegates. At its last meeting, our Continuing Committee decided to ask the advice of the Houses of Delegates of all our states concerning certain future policies of the conference.

The questions we raise grow out of the following facts:

1. No Wyoming or Montana city has sufficient hotel and convention facilities to accommodate a conference, and this will probably be true for several more years at least. Our Continuing Committee therefore proposes that the R.M.M.C., be rotated biennially for the next several years only between Salt Lake City, Albuquerque and Denver, where sufficient facilities do exist.

2. The Continuing Committee recognizes a growing feeling that there are "too many medical meetings" all over the country. To do our part toward correcting the multiplicity of meetings, we propose that future meetings of the R.M.M.C. be held concurrently with the Annual Sessions of the respective host states.

3. If our recommendation next above is approved, financial problems arise. To date the R.M.M.C. has been supported by registration fees and fees from commercial exhibitors, plus underwriting by the host state when necessary. The Colorado and Utah State Societies have long-established customs against charging registration fees for their annual sessions, but we assume that Society needs those funds for its own budget.

Bearing the above facts in mind, your committee asks the following questions:

a. Do you approve rotating the biennial meetings of the R.M.M.C. among Salt Lake City, Albuquerque,

and Denver, realizing that if this is done the R.M.M.C. will meet in Salt Lake every six years?

b. Do you approve merging the R.M.M.C. meetings with the State Annual Sessions, thus merging it with our own "State Meeting" every six years?

c. If your policy approves, either in principle or in detail, the above suggestions, which one or more of the following financial proposals does this House approve?

1. Each host State Society (Colorado, Utah, and New Mexico), to underwrite and/or finance its own R.M.M.C. every six years with or without registration fee, as it sees fit, and without any financial contribution from other participating states? It would appear that this would cost the Utah State Medical Association approximately \$2,000.00 to \$3,000.00 each sixth year over and above the usual cost of our state meeting.

2. Each participating State Society (including Wyoming and Montana) to be requested to contribute from their treasuries to the Conference in proportion to their respective memberships, every two years? This would spread any financial load more evenly throughout the area, the non-host states each two years assisting the host states.

3. Utah and Colorado to be asked to abandon their long custom of no registration fee at annual sessions, and (together with New Mexico) the host state, to fix a registration for its own combined Rocky Mountain-State Meeting which would be sure to make that meeting self-supporting?

Your Committee on Rocky Mountain Medical Conference respectfully requests this House to express its own policy for the next six years in answer to the above questions.

Report of the Civil Defense Committee

The possibility that hostilities started by the Korean War would result in the bombing of American cities made vital the activation of medical plans for civil defense.

Your chairman attended the A.M.A. Council on National Emergency Medical Service at Chicago, May 6, 1950, also Washington, D. C., and San Francisco. The committee has held many meetings and devised several plans and suggestions which have been submitted to many organizations to aid in Civil Defense.

Colonel Gray, at Fort Douglas, was coordinating various civil defense plans with Sixth Army procedures, May, 1950, and he concurred in our suggestions for the Health Division organization and functions. However, as our State Health Department and our governor were having administrative conflicts, we felt the State Medical Association should proceed cautiously and independently in an attempt to organize our medical and hospital facilities.

The State Medical Association committee appointed May, 1950, has functioned in closest harmony and with most enthusiastic cooperation from the University of Utah Medical School, the Pharmaceutical Association, the School of Pharmacy and the State Health Department. Every request and suggestion has been constructively and effectively acted upon by them. President Olpin, Dr. Bowers and Professor Parmelee have attended many coordinator meetings and given valued assistance.

Following the resignation of Dr. Spies as State Health Commissioner in September, 1950, it seemed apparent that the State Medical Association should lead the way in teaching the medical aspects of civil defense to the key personnel in County and City organizations with regards especially to the medical aspects of atomic bombing. The best known methods of handling large masses of civilian casualties together with the necessary organization of civilian groups under the direction of the responsible elected officials of the state and municipalities was presented at a Seminar at the University of Utah, November 30, and December 1.

Representatives from nineteen counties totaling about 1,500 attended this Seminar. No speaker failed to appear and be on time, and movies on atomic disasters were presented before sessions and during intermissions.

In attendance were doctors, dentists, nurses, hospital administrators, municipal employees, pharmacists, morticians, osteopaths, A.R.C. personnel, medical and pharmacy students, State, City, and County Health Department employees.

Speakers at this Seminar included: Dr. A. R. Olpin, Governor J. Bracken Lee, Col. Alvin Sessions, Dr. John Z. Bowers, Professor Thomas Parmelee,

ANNUAL CLINICAL CONFERENCE

CHICAGO MEDICAL SOCIETY

March 4, 5, 6 and 7, 1952

Palmer House, Chicago

Half hour lectures on subjects of interest to both the general practitioner and specialist. Daily teaching demonstrations. Four panels on timely topics.

Plan now to attend.

*In very special cases
A very superior Brandy*



Specify

★ ★ ★
HENNESSY

THE WORLD'S PREFERRED
COGNAC BRANDY

Schieffelin & Co. New York N. Y.

WHEATRIDGE FARM DAIRY

COMPLETE LINE OF GRADE A
DAIRY PRODUCTS

Special Milk for Babies

DELIVERED TO YOUR DOOR

We Have Our Own Cows

8000 West 44th Ave.

GL. 1719

ARVADA 220

RESTAURANT 240

MISS M. E. GABRIEL, Prop.

SERVING TRADITIONALLY GOOD
FOOD AT MODERATE PRICES

HOURS 11:00 A.M.—2:00 P.M. 4:30—7:30 P.M.

SUNDAYS: 12 Noon to 7:00 P.M.

Closed Wednesdays

240 Broadway

Denver, Colo.

SPruce 2182

We Cater to the Medical Profession

CASCADE LAUNDRY

10 Per Cent Discount If You Bring Your
Laundry in

HAND DRY CLEANING

"Deserving of Your Patronage"

618 East 16th Ave., Denver TABOR 6379

Charge Accounts Invited

Denver's Fireproof

COLBURN HOTEL

D. B. Cerise is the genial Host and Manager

- CONVENIENT — Located only a ten-minute walk from the heart of the city.
- PLEASANT — Away from — above the noise and rush of downtown Denver.
- EXCELLENT FOOD — Dining that has satisfied the demanding tastes of all patrons.
- Visit Our New Cocktail Lounge.

TENTH AVE. at GRANT ST.

Phone MAIN 6261

Denver, Colo.

Dr. Lawrence Tuttle, Medical Research Director, Atomic Energy Commission, Washington, D. C.; Dr. Phillip Price, Dr. M. M. Wintrobe, Capt. Edward Gallagher, Dr. George Spendlove, Dr. Maurice J. Taylor, Dr. James Z. Davis, Mr. Charles C. Hilton, Dr. Wallace Brook, Dean of Nurses, Miss Hazel Macquin, Mr. E. C. Bergeson, Co. Sec. A.R.C.

A survey by questionnaire to secure up-to-date information on existing hospital facilities, expansion bed capacity, professional personnel, emergency water and power equipment, etc., was completed. The twenty-one hospitals report about 2,000-bed capacity and 500-bed expansion space. No emergency water, heating nor lighting systems. The questionnaire to the professions was not responded to by a large percentage, so is of doubtful value.

The State Civil Defense Health Division (Copy attached to original office copy) has developed with the fundamental idea of mutual aid based on the division of the state into three defense areas: Ogden, Salt Lake and Provo, with interlocking of key personnel so that in case of catastrophe in either area, assistance from the other areas can be maintained by persons familiar with the state program.

Key personnel are now appointed in every subdivision of the state plan which is based on individual participation and mutual aid by organized groups to maintain all civilian functions and public utilities, factories and industries without military assistance as long as possible.

The plan suggested by the committee (State and County) for the organization against disaster by the staffs of each of the large hospitals has been acted upon and staff assignments have been made, at the large established hospitals. Auxiliary hospital buildings have been selected and staff appointments made. Evacuation plans have been considered hoping to move disabled away from disaster areas. All school buildings and some church facilities have been surveyed for possible use as clearing stations and first aid stations.

Evacuation plans for handling the first 1,000 casualties have been worked out by Drs. Woodruff and Leymaster with the cooperation of the Salt Lake General Hospital and the University of Utah Medical and Pharmacy Schools for Salt Lake City and vicinity.

Mutual aid contacts have been made with Colorado, Arizona and California where effective civil defense organizations exist. Standardization of mobile teams for interstate aid is being considered.

The survey of hospital facilities disclosed the fact that the Blood Banks at present procure sufficient blood only for present civilian needs and exchanges of blood between hospitals has been successful in preventing shortages for normal hospital patient admissions.

The State Civil Defense Committee felt that if disaster comes, enormous amounts of blood and blood substitutes will be needed and therefore a ready source of supply must be provided. Dr. J. G. Olson, Chief of our State Medical Services, started a blood-typing program in Weber County assisted by a donation of \$1,000.00 from the Weber County Medical Society and volunteer clerical services from the A.R.C. More than 4,000 have been typed and many have the type stenciled in the left axilla.

Identification cards are now available for our use through the generosity and public spiritedness of the Prudential Life Insurance Company. These cards together with the card index at the State Health Department, we hope may reduce the extent of any disaster requiring blood donors.

It has been suggested that the Private Blood Banks furnish the State Health Department with names and addresses of type "O" persons on their records to supplement this source of supply of donors for emergency.

Blood-typing for Salt Lake City was started under direction for Salt Lake County Blood Bank Committee July, 1951. Dr. Wintrobe, chairman, at 115 South State, through cooperation and use of the facilities of City and State Health Department laboratories. City and State employees are being typed as a test of personnel and equipment and will be stenciled under the left arm if they wish. All other persons will be charged 50 cents and will be given identification cards. A re-check before stenciling will be required.

Typing has been done in Utah County, Cache, Sevier, Wayne, Morgan as well as Weber and Salt Lake Counties.

An emergency kit of supplies for first aid treatment at home in case of disaster has been pre-

pared with aid of the pharmacists and State Department of Health. It will be sold at pharmacies at cost and is being assembled by volunteers and purchases of contents wholesale by the Civil Defense Council through a revolving fund recently approved by the State Civil Defense Council. The fund will be \$2,500.00.

The State Pharmacists Association has proposed that pharmacies having sufficient storage facilities be designated as first aid stations. They offer also to increase their stocks of durable emergency medical supplies, narcotics, etc., by 10 to 15 per cent. There is being conducted with our approval, a post-graduate first aid course for graduate pharmacists at the University of Utah similar to the advanced course now given to the enrolled pharmacy students.

The graduate nurses instruction course in mass treatment of casualties and atomic radiation was conducted at Denver, February 5 to 10, 1951, at the University of Utah and at the Salt Lake hospitals by trained nurse instructors and physicians and was discontinued after approximately 450 had attended during these sessions.

Radiological monitoring courses are being conducted at the B.Y.U., the Weber Academy and the University of Utah by radiologists of our association aided by the Department of Physics at each institution. It is hoped that seventy-five teams of six men will be trained: Fifteen for Provo, twenty for Ogden, forty for Salt Lake.

The Public Health Section under Dr. Oaks had conducted extensive surveys of water supply, food and livestock protection and bacteriological contamination. Twenty-five assembly areas on highways away from cities are being studied by Mr. Lynn Thatcher with regard to water chlorination, insecticides and rodent control as well as regarding food, shelter and sewage disposal.

We are happy to report that Dr. George Spendlove will continue in charge of the State Health Department and through his efforts our Civil Defense Medical Division is developing and coordinating all activities and plans. The employment of a Field Instructor by the Civil Defense Council to give full-time to Civil Defense activities is a most recent accomplishment.

We realize that much is yet to be done. Buildings allocated away from critical areas, loading points designated on arterial highways, surgical teams within hospitals and for clearing stations, etc., supplies, blood, antibiotics acquired and allocated for appropriate cases and not used on the fatally injured. Treatment of great numbers requires teamwork and standardization of methods to conserve supplies.

Until the recent special legislative session, funds were not available for Civil Defense, then \$47,000 for the biennium was approved, so virtually nothing has been spent to date, whereas some vital areas of similar population have spent many times this amount for organization and educational purposes.

Efforts to make safer our state water sources and to improve municipal sewage disposal are being continued and the report of the Salt Lake County Committee on water supply and sewage disposal, which was referred by the State Medical Association Council to the State Health Department for administrative action and publication for appropriate distribution, is being sent out in part by your association to members.

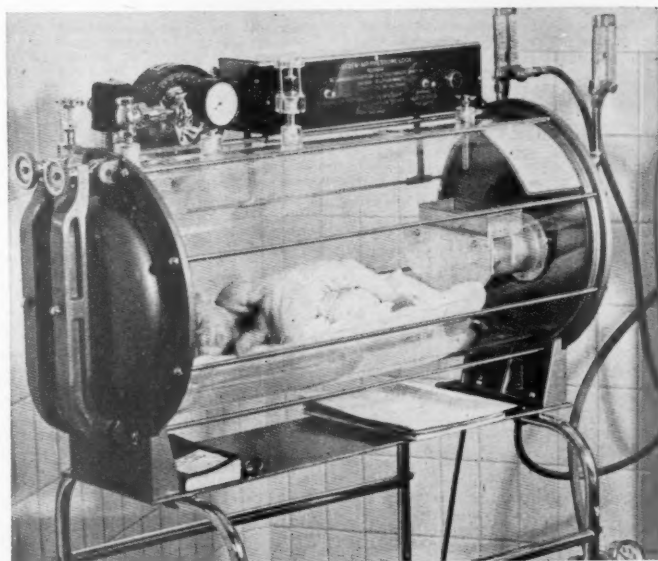
It is hoped that vigorous action on this subject of water and sewage will be taken up by the House of Delegates. This will become increasingly important as pointed out by our biological and chemical branches in the defense program as well as by our Veterinarian branch in the Public Health Services if disaster occurs in Utah.

The Civil Defense Educational booth at the stairway in the Union Building is contributed to by all the services in the Civil Defense program. We hope to carry on this type of exhibit in cooperation with the State Health Department to the State Fair Grounds in October, and perhaps to some of the county fairs. Please give us your constructive criticism and suggestions.

In June of this year I studied civil defense plans at Cleveland, Buffalo and Niagara with populations just double that of Utah. These industrial centers calculate one atomic bomb will cause 35,000 casualties and millions of damage to property and utilities.

We sincerely hope that civil defense plans will not have to be put into force in the United States. Many of us have seen the terrific destruction and desolation in the wake of invading armies and know that proper preparation against disaster will re-

Save Infant Life with the **OXYGEN-AIR PRESSURE LOCK** (Bloxsom*)



An intermediate oxygen-air lock for the asphyxiated and premature infant between intra-uterine life and life immediately following delivery.

Infant mortalities are reduced

when the Oxygen-Air Pressure Lock is standard equipment in efficient hospitals.

Why not investigate the advantages of the Oxygen-Air Pressure Lock today?

*Allan Bloxsom, M.D.
The Journal of Pediatrics
Vol. 37 No. 3—Pages 311-319, Sept. 1950.

GEO. BERBERT & SONS, INC.

1524 Court Place
DENVER 2, COLORADO

sult in decreasing the casualties 50 per cent at least, even in atomic bombing, when short advance warning is given.

Many hours and some money has been spent by individuals in developing this civil defense organization throughout the country. Hence it is interesting that the Internal Revenue Bureau concurs with the poet Milton, who wrote, "They also serve who only stand and wait," so personal costs and expenditures for this purpose are deductible. However, if we are able to stand and wait in strength we must prepare our foundation of **knowledge, training and faith** or surely we will fall or flee in confusion or panic when disaster strikes.

(Attached to and made part of original report are organizational chart and other blanks).

L. J. PAUL, M.D., Chairman.

Report of the Committee on Tuberculosis and Cardiovascular Diseases

Committee Members: Elmer M. Kilpatrick, M.D., chairman; Preston R. Cutler, M.D.; Fred W. Clausen, M.D.; Drew M. Peterson, M.D.; J. H. Rupper, M.D.; D. O. N. Lindberg, M.D.

Through the past year no problems were presented to the Committee for Tuberculosis and Cardiovascular Diseases from sources outside of the committee.

The committee as before believes that no major problem exists in Utah concerning the physician and his patient with cardiovascular disease.

The proposal for expenditure of federal funds in the Utah "Heart Clinics" which was proposed last year was opposed. The matter was dropped.

In regard to tuberculosis considerable concern is still warranted. This involved need for still better control of tuberculosis, particularly centering around case findings, isolation and follow-up examinations.

Most of the time and effort of the committee this year was in consideration of ways and means for isolation of the active tuberculosis case.

Your committee felt that several plans for action were open for potential benefit. These included the following:

1. Joint meetings with Public Health Committees of the State Medical Association.

2. Joint meetings with State Board of Health, Utah State Tuberculosis Association, Department of Preventive Medicine, University of Utah Medical School, City Boards of Health and others.

3. Need for recommendations to the Utah State Legislature through the Legislative Committee for revision of the Utah Health Code, particularly that portion pertaining to tuberculosis—isolation, quarantine, forced isolation, if necessary, etc.

4. Possible submission of a questionnaire to the individual Utah physician, soliciting information regarding their own experiences and peevs, if any, in their control of tuberculosis cases.

It was requested from the Council of the State Medical Association that money be made available for state-wide survey of physicians' problems regarding tuberculosis. A sum of \$100.00 was made available by the Council for such a survey in January, 1951.

In the meantime, outside suggestions and advice were sought from the American College of Chest Physicians through the office of the executive secretary of the college. He in turn, contacted representatives of the college committees in our behalf, who rendered considerable assistance to our committee, particularly pertaining to proposed revision of the Utah Health Code, quarantine laws, etc. In particular, we are indebted to Dr. Andrew L. Banyal, Mulidale Sanatorium, Milwaukee, Wisconsin, and to Dr. Otto L. Bettag, Municipal Tuberculosis Sanatorium, Chicago, Illinois.

After due consideration it was decided that the time was not ripe for the survey as mentioned. Consequently, the requested funds were not used this year.

Interesting statistics are available referable to tuberculosis in Utah and are contained in the report of the Utah State Health Department of 1950. Comparison of numbers of tuberculosis deaths with cases found are of importance.

The tuberculosis cases found in Utah in 1947 numbered 109 with eighty deaths that year. In 1948, 156 cases were found with sixty-nine deaths. The year 1949 brought to light 208 cases with fifty-six deaths. In 1950, 372 cases blossomed with forty-seven deaths.

Also, in 1950, thirteen of the forty-seven who

died from tuberculosis died in the home. On a percentage basis the number of deaths from tuberculosis dying at home is increasing, the figures being as follows: 25 per cent for 1946; 36 per cent in 1948; and 40 per cent in 1950.

These figures tend to show that more and more is the potential spread of the disease occurring, the victim being out of isolation when he is in the most contagious stage of his disease. Perhaps, if in a hospital, he wishes to spend his last days of life in close association with his family and friends.

In Utah we have no practical way to isolate the tuberculosis patient against his will.

One important question is, do we need more tuberculosis hospital beds? The committee feels that this is not necessary at this time.

Tuberculosis can roughly be divided into two classes according to expected benefit from treatment—(1) Those in which treatment is feasible and recovery can be expected. (2) Those in which treatment actively done in a tuberculosis hospital is not needed. This class includes older age groups of individuals the majority of which are of fibroid type and the majority of which are highly contagious, and could be cared for with a minimal amount of observation, being of the "rest-home type."

The committee members participated in various joint meetings including meetings with members of the State Department of Health; City Boards of Health; Utah State Tuberculosis Association; Utah State Department of Vocational Rehabilitation; Veterans' Administration; superintendent of the Salt Lake General Hospital; Department of Preventive Medicine, University of Utah Medical School; State Department of Public Welfare; and others. It has been agreed that to further the control of tuberculosis in Utah, the open, active case of tuberculosis must be isolated. It is largely the second category in the above rough classification that must be isolated, if necessary, by force.

This problem naturally is paramount in the more largely populated counties of Salt Lake, Weber and Utah.

Isolation of the chronic cases, "rest-home," or "convalescent home" type could be accomplished in convalescent homes. This would allow added sanatorium beds for the cases amenable to treatment.

During meetings with the members of the various department heads as mentioned above this plan is found to be feasible and with the aid of the Department of Public Welfare, can be put into action.

Utah last year had the lowest death rate from tuberculosis per 100,000 population of any state in the Union. This, of course, is good from a standpoint of figures. We seem to be stymied in the continuing further spread of the disease within our state boundaries. In Salt Lake City alone, as of this date, thirty-nine cases of active, open infectious tuberculosis are known and these cannot or will not be isolated.

We feel that something constructive has been accomplished this year along this line. (1) A feasible plan for care in convalescent homes for certain suitable cases of tuberculosis; (2) full cooperation of the Welfare Department is gratifying; (3) continued case finding and follow-up examinations have reached a new high; (4) definite plans for revision of the State Tuberculosis Health Code are to be prepared for the 1953 Legislature's consideration; (5) a workable quarantine law is being proposed to confine, if necessary, the tuberculous patient in the hospital section of the State Prison (this is not expected to mean a large load in the Prison Hospital but it is anticipated that a wedge will be available for argument and in education of certain obstreperous tuberculous persons who refuse voluntary isolation).

It is expected that assistance will be requested from every Utah physician when the time is ripe for action. After the changes in the Health Code are suitably prepared and presented to the Legislature, letters urging adoption from each doctor directed to the Legislature will have great weight in the consideration for changes in the Utah Tuberculosis Health Laws.

The committee is encouraged at this time. We feel that eventually the State of Utah through the cooperation of each individual physician with the existing agencies, can render eventually a state free from tuberculosis and we likely can be the first state in the Union in the future to report "No deaths from tuberculosis." Our continued effort should be directed in this direction.

ELMER M. KILPATRICK, M.D., Chairman.

Report of the Industrial Health Committee

The chairman attended the national meeting at Atlanta, Ga., the last of February and the first part of March, 1951.

In April, Dr. J. F. McCahan, Assistant Secretary for the Council of Industrial Health of the American Medical Association, visited Salt Lake City, meeting with the Industrial Health Committee and the State Health Committee. A large meeting was also held in the L.D.S. Hospital at which time Dr. McCahan presented the ideas and ideals of the Industrial health program as outlined by the American Medical Association. Two days were spent with Dr. McCahan and the director of the State Board of Health in visiting industrial plants in Utah and Salt Lake Counties.

The committee has been very active in attempting to promote and establish a panel system with free choice of physician to care for the injured in industry. This has been done through the proper channels of the Salt Lake County Medical, the State Medical Society and a special appointed committee chosen to work with the plan. Many meetings have been held with insurance carriers, the Attorney General, the Industrial Commissioner, and we are happy to report that progress has been made.

The committee has attempted to stimulate physicians in industrial medicine in Utah to greater objectives.

1. BROAD OBJECTIVES

The role of the physician, in relation to industrial health, is to protect the worker from hazards of employment which directly or indirectly affect his productive efficiency. This implies far more than speed in returning a disabled person to employment. It rather embraces such activities as helping management and labor to conduct continuous programs of health education (recognizing that health habits off the job have a direct bearing upon efficiency in the plant); working in cooperation with other physicians on a program of pre-employment examinations based upon job analysis and physical capacities, and periodic physical re-examinations as a means of detecting changes which have bearing upon job performances; and an intelligent and sympathetic study of absenteeism as a means of helping employees to avoid repeated layoffs, with resulting loss of pay and lowering of service to the employer.

The profession of medicine is heartily in accord with any measures which are taken to eliminate or lessen industrial hazards through well-organized



Specialists on IMPLANT EYES

It has been our privilege to work with leading specialists in building plastic eyes to order for all types of implants. Also serving the doctor and his patient with regular all-plastic eyes and glass eyes. Assortments sent on memo. in business since 1906. Write or phone for full details.

DENVER OPTIC CO., 330 University Bldg., 910 16th St., Denver 2. MAin 5638

The Fairhaven Maternity Hospital

Mrs. H. E. Lowther, Superintendent

Seclusion for the unwed mother.

1349 JOSEPHINE

DExter 1411

Write for descriptive booklet.

DENVER

Stodghill's Imperial Pharmacy

Prescriptions Exclusively

For your prescriptions we stock a complete line of ALMAY—non-allergic—cosmetics.

Five Pharmacists

319 16th St.

TAbor 4231

Denver, Colo.



WINNING HEALTH
in the
Pikes Peak Region

COLORADO SPRINGS

Inquiries Solicited

GLOCKNER PENROSE HOSPITAL

Sisters of Charity
HOME OF MODERN SANATORIA

and intelligently directed safety programs, but attention is called to the fact that the scope of study and activity might well be extended beyond the phase of safety and take into consideration the many factors of health in relation to environment which have direct bearing upon the welfare of the worker and in many instances serve as factors in relation to industrial accidents.

2. JOINT PLANNING

While the physician, in his professional capacity, has no direct responsibility in planning the type of program suitable to the needs of a specific industry, he should be used by management and labor as a skilled consultant on all phases of the program which are related to the care of patients and projects of health education related to preventive medicine. However, the details of a sound industrial health program, in the opinion of the committee, must be determined by joint agreement of management, labor, and local health authorities working through their county medical society.

It would be highly desirable to base the plant health program upon a wide choice of medical care, as nearly as possible retaining the relationship of the employee and his family physician.

Within the society, there should be an active and well-informed Committee on Industrial Health composed of individuals who command respect within the county society and who would serve as the contact point between industry and the medical personnel of the county society.

Various agencies have outlined ethical practices which should guide physicians in their relationships with employers, employees, and colleagues who are assisting with the industrial health program or are related to the activities as family physicians of plant employees. The American Medical Association has outlined basic principles to serve as a code of ethics in industrial medicine, and an expanded exposition on the subject has been more recently prepared by the Lake County Medical Society, Lake County, Indiana.

No physician can serve the best interests of employees and management without a thorough knowledge of industrial processes and environmental conditions which have direct relationship to the health of workers. He owes a responsibility to those he serves to acquire knowledge of working conditions and assist in all phases of the industrial health program intended to prevent injury and lessen the consequences of illness through exposure to industrial hazards.

The committee recommends the principles enumerated below as a suggested guide to the Utah physicians.

Under no conditions should the plant physician, either directly or indirectly, deny the right of a worker to have a free choice of medical care so long as such choice is restricted to licensed practitioners in good professional standing.

A. Treatment of Non-Compensable Injuries and Diseases

The treatment of injuries or diseases not industrially induced is a function of private medical practice and the physician in his industrial relationships should abstain from such service except in the case of:

1. Minor ailments temporarily interfering with an employee's comfort or ability to complete a shift.
2. First aid for urgent sickness occurring during working hours on the working premises, until such time as the family physician is informed and takes over the case.
3. Rehabilitation after sickness and injury, which progresses best under controlled working conditions.

B. Relationship Between Industrial and Private Physicians

When industrial health programs are under the active direction of the County Society and the Committee on Industrial Health of the County Society, there should be little difficulty in establishing satisfactory relationships between physicians most actively identified with industrial practice and other physicians of the community. To guide County Societies in establishing workable rules, the Committee on Industrial Health of the State Medical Society suggests the adoption of the following principles:

1. Pre-Employment Examinations

Assuming that the employer has the right to designate the physicians who will conduct examinations within his plant, efforts should be made by the County Committee on Industrial Health to provide wide participation in the program. Acceptable medical practice would dictate the wisdom of

a. Making available to the family physician of the examinee a full report of the examination, if the examinee indicates a wish that the report be transmitted to a physician of his choice.

b. Willing consultation with the examinee's personal physician when differences of opinion arise regarding medical findings.

c. Refraining at all times from directing the examinee to any one practitioner to whom the examinee should report for correction of defects discovered in the examination. Free choice should be adhered to in practice as well as in principle.

2. Occupational Diseases and Injuries

The following rules of conduct should be adhered to in the interests of sound medical practice:

a. It is not ethical for an industrial surgeon, while caring for an industrial injury or disease, to urge the patient to have a concomitant and coincidental disease treated by himself at the worker's expense.

b. Once a case of questionable liability to the employer is diagnosed as being of a non-occupational origin, the patient is to be referred to his personal physician for further care.

c. A physician or surgeon is not to use his industrial affiliation as a direct means of gaining a private practice among plant workers. This includes solicitation, low fee arrangements, and insinuation of reprisals against workers who insist on care by physicians of their choice.

3. Obligations of Non-Industrial Physicians

While the above rules directly apply to physicians engaged in industrial practice, there are like obligations of those who serve as non-industrial physicians coming in contact with cases involving industrial care:

a. If a private physician suspects the diagnosis of an occupational disease or illness, he should with the patient's permission, communicate the information to proper plant medical authorities.

b. If differences of opinion exist as to the compensability of medical and surgical conditions, the private physician, with the permission of the patient, should confer with the plant doctor.

c. Statements to workers that treatment offered through the plant physician are not in keeping with sound medical practice (in the opinion of the examining physician) accomplish nothing constructive and should be withheld until there has been a consultation with the plant physician to ascertain all the pertinent facts.

E. J. ROBISON, M.D.,
E. WAYNE ALLRED, M.D.,
NOALL TANNER, M.D.,
CHESTER B. POWELL, M.D.,
FRANK J. WINGET, M.D., Chairman.

Report of the Cancer Committee

No formal meeting of the Cancer Committee has been held, as there seemed to be no necessity for calling the out-of-town members to Salt Lake City. The three members in Salt Lake City have collaborated from time to time, and have had the benefit of the counsel of Drs. Carliquist and Jackson, chairmen of special committees of the Utah Division of the American Cancer Society.

Your chairman met with Dr. Walter E. Batchelder, director of the Department of Clinical Research of the American College of Surgeons, and discussed with him the problem of cancer and its control and treatment. It was learned that the American College of Surgeons at the present time has no cancer committees organized as regional committees. The American College of Surgeons is anxious to cooperate with the Utah State Medical Association, the Utah division of the American Cancer Society and the Department of Oncology of the College of Medicine of the University of Utah in arranging a program. Your chairman cooperated with the American Cancer Society, Utah Branch, and the Department of Oncology of the College of Medicine of the University of Utah, in arranging the program for the recent Cancer Symposium. The American Cancer Society afforded financial support to the Medical School in putting on this symposium. This symposium was apparently received very favorably by those who attended. The State Medical Society should consider the possible advisability of giving financial aid to these groups in financing future seminars.

In a program as extensive as that of the field of cancer, many agencies and interests are concerned. This makes it difficult to cooperate completely without overlapping. For instance while the University Medical School attempts to cover

THE HOUSE THAT SERVICE IS BUILDING

SPECIAL SHOP—SPECIAL EQUIPMENT

MEN WITH SPECIAL TRAINING

To Sell — To Install — To Service

X-ray Diffraction Units — Electron Microscopes

Radiation Detection and Measuring Instruments

Especially to Sell and Service

KELLEY-KOETT X-RAY EQUIPMENT

Call Glendale 4768—Place Your Order

We can supply and service anything from a
“cutie pie” to a 2 million volt deep therapy unit

Our Service Is Friendly—Courteous—Prompt

TECHNICAL EQUIPMENT CORPORATION

2548 West 29th Ave.

Denver 11, Colorado

many phases of education in Cancerology, your State Society Cancer Committee must also consider the matter of the professional education of our members. The cooperation of the Cancer Society, University Medical College, American College of Surgeons and the State Medical Society are all absolutely necessary—this to prevent duplication of effort by the various agencies mentioned. In planning the necessary program, the Cancer Committee of the State Society, the appropriate committee of the American College of Surgeons, a representative of the Division of Cancer Control of the State Board of Health, a representative of the Utah Division, American Cancer Society, and the Department of Oncology of the Medical School, must establish close liaison. The Utah Division of the American Cancer Society is anxious to make the professional services of specialists available, at reduced rates, to which many of our members have agreed in the case of individuals requiring special financial consideration.

Through cooperation of the American Cancer Society, teams of examiners have visited various localities to bring to the people of the state the knowledge and skill of specially trained and experienced physicians. It is hoped that this has been helpful to local doctors and their patients. It is urged that physicians having any feeling of dissatisfaction with the visits of specialists cooperating with these traveling clinics, contact the Utah Division of the American Cancer Society headquarters, or the office of the Utah State Medical Association. It is hoped and believed that these clinics are serving a really useful function.

Recently, the Board of Directors of the Utah Division of the American Cancer Society has considered the advisability of instituting a Cancer Symptom Center for Salt Lake City and Salt Lake County. In the past such detection centers have been held at St. Mark's and Holy Cross Hospitals. Serious consideration has been given to combine them and holding at one central location. It has been felt that more adequate facilities for patients and doctors might be had through this combining of centers.

It has come to the attention of the Utah Branch of the American Cancer Society that Utah is not free from quack and irregular "practitioners." Inquiry of the office of the Utah State Medical Association or of the office of the Utah Division, American Cancer Society, regarding a "Doctor" you do not know, may save you and your patient embarrassment and financial and professional grief.

Considerable discussion has developed during the past year regarding the allocation of funds for the cancer bed. During past years, because of favorable financial arrangements, the bed has been maintained at St. Mark's Hospital, Salt Lake City. Some physicians have thought that a bed in other hospitals in Salt Lake or in Ogden or Provo, should be available. Since the amount of money is limited, only 365 days would be available. A decision must be made as to whether a Salt Lake City hospital should be designated because of the availability of a greater number of specialists, or a bed in other recognized hospitals should be utilized.

Your committee notes with regret the resignation of Mrs. Emil DeNeuf as State Commander of the Field Army, Utah Division of the American Cancer Society. We wish to express our sincere appreciation for her loyal cooperation with the members of the medical profession. Her services will be missed. We bespeak for her successor, Mr. Wallace Toronto, the same support and cooperation that was extended to her.

The committee feels that the nature of its duties is such that it should be a continuing committee, i.e., at least two members should be held over each year.

JAMES P. KERBY, M.D., Chairman.

Report of the Fracture Committee

The activities of the Fracture Committee of the Utah State Medical Association for the past year have been as follows:

1. Additional mimeographed information on the Management of Hand Injuries; Rehabilitation; and the Management of Acute Head Injuries have been widely distributed to members of the State Association, and to hospital residents.

The first copies of a new bulletin on the Management of Acute Injuries to the Neck have just been received. An attempt will be made to obtain copies for distribution. All of these have been prepared for the Committee on Trauma of the American College of Surgeons, and have been made available by the college.

2. Each of the larger hospitals in the state have been urged, through the staff program committees, to devote at least one staff conference to the consideration of traumatic problems. At the L.D.S. Hospital a detailed survey of deaths due to trauma during 1950 was presented to the staff. This information is now being tabulated at the Salt Lake General Hospital. Data on this subject has important teaching value.

3. At the request of Dr. Charles R. Cornwall, a detailed outline on the Treatment of Compound Fractures in Civilian Disaster was prepared. This is also serving as an outline for other teaching purposes.

With the ever-increasing number of accidents it is believed that still greater efforts should be made toward improving the treatment of the injured.

A. M. OKELBERRY, M.D., Chairman.

Report of the Advisory Committee to the Woman's Auxiliary

The Woman's Auxiliary Organization has had a very active year, and has engaged in many varied activities, all of which reflect to the credit of the Utah Medical Association. It has served our interests well and unselfishly.

MEMBERSHIP:

The Woman's Auxiliary has a total paid membership to their national organization of 323 members, of which 319 are duly qualified and nine are members at large. They paid one dollar per member, making the annual expenditure of \$323 for national dues. The Utah State Medical Association assigned \$1,600 for the Auxiliary. This does not represent the total expenditures of this organization for the membership have made extensive contributions from their personal donations. All monies have been accounted for and have been spent for desirable activities.

Under the leadership of Mrs. Vera Ogilvie, the officers of the Auxiliary have made several visits to the component societies. Only Cache and Cedar City groups were omitted, this because of bad snow storms each time meetings were arranged. All component groups have worked harmoniously with the state organization, and have in addition sponsored local activities, under the approval of the local medical groups. During the past year the Cache and Cedar groups have been very active, but for some unexplainable reason, they have voted to disband their organizations. Those members that so desire can become affiliated with National and State Auxiliary by becoming members at large. This should receive the immediate attention of the County Societies concerned, for reorganization should be effected.

ACTIVITIES:

A* Public Meetings

On September 15, 1950, the Academy of General Practice held a public mass meeting at the Salt Lake Tabernacle, at which Dr. John W. Cline spoke on "The Doctor Looks at Socialized Medicine." The Auxiliary publicized the meeting and distributed more than 1,500 tickets. Their untiring work resulted in the largest mass meeting ever sponsored by any medical group for our state.

B Socialized Medicine

During the past year the medical profession was confronted by the problem of socialized medicine. Inasmuch as some of our citizenry was attempting to be elected to the Congress of the United States, we felt that the public should know of their stand on this all-important problem. A group of physicians, as citizens, organized the Utah Healing Arts Committee, and began the work of publicizing issues at stake under the plan of Governmental Medicine. The wives of the doctors responded to the call, and as citizens, they worked hard in bringing the issues out into the open. They held informative meetings in every community, they organized debating groups in the high schools so this problem would be presented to the school children, they distributed tons of informative literature by making a door-to-door visit of every home in Utah, they called people on the phones and invited them to go to the polls to vote. Yes, these women did a fine job, and so clearly and forcefully portrayed the dangers of Governmental Medicine, that proponents of this plan were defeated. The Utah State Medical Association is indebted to these industrious women for the fine work they accomplished.

C* Nursing Program:

There is a dire shortage of nurses in the state of Utah. The Auxiliary appreciated this fact and did

something about it. They visited every high school in the state, and clearly presented the advantages of a Nurses Training Program to all seniors. They conducted tours through regional hospitals, so that the interested girls could see just what nursing was like. They held dinners, and socials, to which prospective girls were invited, again explaining the need and value of the Nurses Training Program. They provided funds and granted several scholarships, so that interested girls could take advantage of the training courses. This recruiting program has been responsible for the interest now being exhibited by the young girls of our state. The medical profession would do well to follow this lead.

D* Utah State Hospital

The Salt Lake County Auxiliary pledged \$300.00 to a fund for the purchase of a central sound system for the Utah State Mental Hospital. This system will transmit programs from a central station to all inmates, and can likewise be used for entertainment and educational therapy. Space will not permit us to mention all of the varied activities sponsored by the local groups.

E Cancer Program

In response to an appeal from the Utah Medical Association, the Utah State Cancer Association, and the Utah Medical School, the Auxiliary participated in the Annual Cancer Meeting. They advertised the meeting throughout the state, distributed tickets, acted as ushers, and sponsored the successful style show. This was by far the best attended, and most interesting Cancer Meeting, that we have held. Thanks, girls.

F Benevolent Fund

The Woman's Auxiliary Benevolent Memorial Fund awarded a scholarship of \$100.00 to a senior student of the University of Utah Medical School. This award is used to help a deserving student prepare

for graduation at a time when his funds have been depleted.

SUGGESTIONS

If we are to utilize the potential force of the Woman's Auxiliary we must let them know more about our professional problems. They must not be considered as "hangers on," but must be viewed as our most important medium of public relations. The State and Component Societies must organize some plan which will make the women an integral part of our state program. This year we have tried to accomplish this by having some of our own membership address the Auxiliary at each of their meetings. Dr. Conrad Jensen spoke on the subject, "What the Auxiliary Can Do to Help Solve Some of the Problems Confronting the Medical Profession." Dr. Ray Woolsey explained, "The Blue Cross, Its Plans and Objectives." Dr. L. A. Stevenson talked on "What the Auxiliary Has Done in the Past and What It Can Now Do." Dr. Thomas Robinson, "The Auxiliary as a Medium of Public Relations." We need more of this type of work, and the women appreciate such considerations.

There is an urgent need for more money. It is impossible for the Auxiliary to carry out all of the projects, and sponsor all of the activities which are given them, on the allotted funds. At the present time the Auxiliary spends more money donated by its own membership than is granted by the Utah Medical Association. If a woman becomes interested in the Auxiliary she finds that it not only requires much of her time but also a large donation. This acts as a deterrent in keeping many competent women from working in the organization because they cannot afford to make the personal donations. Last year both the President and President-Elect had to use their personal funds to defray their expenses in attending national meetings as they were granted but a small amount by the Auxiliary. It

Oculist Prescription Service Exclusively

SHADFORD-FLETCHER OPTICAL CO.

Dispensing Opticians

228 16th Street, Denver, Colo. AComa 2611

3705 East Colfax (Medical Center Building). FLorida 0202

WALTERS DRUG STORE

801 COLORADO BLVD.

Denver, Colorado



Telephone FRemont 5391

WE RECOMMEND

LAKEWOOD PHARMACY

R. W. Holtgren, Prop.

PRESSCRIPTION SPECIALISTS

West Colfax at Wadsworth

Lakewood

Colorado

Phone BElmont 3-6531

Welcome to

Aylard's Crestmoor Drug

3rd and Hudson

Prescriptions — Biologicals — Chemicals

Drugs and Sundries

Cosmetics

Soda Fountain

Phone FLorida 2326

Denver, Colo.

We Recommend

VAN'S PHARMACY

THOS. A. VANDERBUR

Prescriptions, Drugs, Cosmetics, Magazines

Sundries

Excellent Fountain Service

2859 Umatilla St., Cor. 29th Ave. at Umatilla

GRand 7044

Denver, Colo.

is obvious that we cannot ask the Auxiliary membership to shoulder this expense. We believe that the State Medical Association should increase the allotment to the Auxiliary, and that such monies would be better expended in Public Relation Programs than is now being accomplished by us.

We suggest that the component societies of the Utah Medical Association take more aggressive means of interesting the women in their programs. Group meetings should be held, so that the Auxiliary can find out what the medical profession desires them to do. This would stimulate interest and promote a unified plan of action. The Cache and Cedar City groups should be encouraged to reorganize.

Your Advisory Committee has only the highest praise for the valuable work accomplished by the Woman's Auxiliary Organization. They have done a fine job, and have a great potential in helping us protect the ideals of American medical practice. They are much more alert to these issues than we are. Let us do all we can to foster their work. We wish them continued success.

N. F. HICKEN, M.D., Chairman.

Auxiliary

REPORT OF THE AUXILIARY TO THE UTAH STATE MEDICAL ASSOCIATION

September 13-14-15 were the dates for the Annual Convention of the Utah State Medical Auxiliary, held at the Hotel Utah in Salt Lake City, Utah. The President, Mrs. J. Russell Smith of Provo, presided at all sessions. There were schools of instruction for all state officers and committee chairmen, reports of the various activities of the Auxiliaries, as well as talks from the National representative, Mrs. John S. Bouslog of Denver, Colorado.

On the opening day, a brunch at the home of Mrs. Reed Clegg was enjoyed by members and guests, with sightseeing in the afternoon. On Friday morning, the session listened to Mr. W. H. Tibbals, Executive Secretary of the Medical Society. The luncheon which followed honored the Past Presidents of the State Auxiliary and had as special speakers Mrs. J. Bracken Lee, wife of Utah's Governor, Drs. V. P. White and L. Weston Oaks of the State Medical Society, and Mrs. John S. Bouslog of the National Board. (An abstract of her address follows.) All of these speakers urged the Auxiliary to help fight for the preservation of the American way of life. Dr. White complimented the ladies on the work done in the last election, and told of work ahead. Dr. Oaks spoke principally on the poor sanitary conditions in the state, and urged the women to help promote new laws to improve these conditions in this state, thus eliminating threatened epidemics.

MRS. CLAUDE L. SHIELDS,
Press and Pabulity.

Mrs. Bouslog said in part:

We are a fortunate group of women in that we can be an Auxiliary to the most wonderful profession of all professions.

The American Medical Association is in the second century of its history carrying on in the interest of the nation's health. The growth of the A.M.A. has been phenomenal. There are more than 145,000 members and it is the largest medical organization in the world.

Its purpose from the beginning has been to protect the public health, to elevate the standard of medical education and practice and to bring about the enactment of uniform legislation.

The marvelous advancements in medical science during the last century have helped to build the A.M.A. In the course of time the A.M.A. has developed a large number of activities, all of which directly or indirectly have contributed to the outstanding health record of this nation.

Dr. John W. Cline in his message to the Auxiliary

members has stated: "The broad National Campaign will come to a close at the end of the year, at which time the House of Delegates has requested that a simple holding action be instituted with a nucleus campaign staff held ready to meet at their incipience any further threats of socialistic moves against medicine." If further threats occur the Woman's Auxiliary will be called to aid as it has in the past.

Dr. Cline also advises us that between now and the end of the year a real job remains to be done. There are two major campaign projects in which the Auxiliary members should participate. Both are of such importance to medicine that they should be a part of the Auxiliary program now and next year as well.

First, the greatest assistance we have had in the National Campaign has been the strong position taken by other organizations standing with us against socialized medicine. The Auxiliary has been of tremendous help in securing this "Grass Root" support and it is important that this work be continued. Material and suggestions have been sent to each of our states. Keep up the good work of meeting groups, securing resolutions opposing socialized medicine and see that those resolutions reach your Senators and Representatives. Urge them to prevent the enactment of legislation that would socialize our system of medicine.

Second, it is increasingly clear that those who would socialize the medical profession and other professions or businesses are reaching into every organization they can approach to popularize their basic theory of subsidization and dependence. There is evidence that the basis for further subsidy and socialization are being laid through flattery; through increasing appointments of local people on various types of Government-sponsored "Citizens Committees;" through a vast amount of printed material released by more than 3,000 propaganda workers; and through humanitarian-sounding appeals, ostensibly based on good works, more aid for the ill, the aged, the young and other groups for which it is easy to enlist strong public sympathy.

We as an Auxiliary must be keenly alert to such propaganda and report such instances to the A.M.A. and our State Society. It is vital that every move Mr. Ewing or his associates or the Federal Security Agency and its Bureaus make be watched most carefully.

Our pamphlet, "It's Your Crusade Too," covering what women can do, in endorsement drives, speakers bureaus, literature distribution and publicity, is as important as the day it was written. Read it and study it. It is of vital aid to you when you go out to contact groups for their support and resolutions.

The A.M.A. took a constructive step at the convention, which greatly strengthens their position with respect to the financial needs of the medical schools. As an alternative to S. 337 which provides permanent, repeated Federal aid to medical schools for training as well as for construction, and which is therefore dangerous because it establishes a permanent subsidization, the A.M.A. endorsed a one-time grant of Federal funds for construction and renovation to medical schools based on the Hill-Burton Act. This proposal was adopted by the House of Delegates of the A.M.A.

However this resolution is only one-half the answer of the A.M.A. to the need of the medical schools. To provide funds for operational expenses the A.M.A. has established a voluntary private fund-raising project called the American Medical Education Foundation. This is a permanent project with a fund-raising goal of approximately five million dollars a year. It will require a vast amount of work to raise this amount each year.

The National Fund for Medical Education, with Mr. Herbert Hoover as Honorary President and a distinguished Board of Trustees, will raise funds from other sources and distribute the money. The A.M.A. has already contributed \$625,000 of their funds to the National Fund this year and the first distribution to medical schools will begin soon.

The question of the so-called doctor shortage has been discussed. In the June, 1951, issue of the Readers Digest, Paul de Kruff had a splendid article that should set the public straight on the question. One that should refute our opponents' idea that the medical schools are not increasing their enrollments. I am sure that many of you have read it. If not be sure to do so for it is an excellent article.

There is always a need for more good doctors especially in rural areas. Many communities have provided suitable homes and hospitals and established the young medical school graduate in their communities.

Nature
Provides a Dependable
Source

Mt. Baker, Washington



Special Morning Milk is an evaporated milk of high quality especially developed for infant feeding and fortified (from the natural source) with 400 U.S.P. units vitamin D and 2000 U.S.P. units vitamin A per reconstituted quart.

Special
MORNING
MILK



From where I sit by Joe Marsh

Guess They Felt Pretty "Sheepish"

My wife and I went to Central City for the football game and it was a top-notch. But I began to wonder if it was worth the trouble when we got in a traffic jam coming home.

Traffic makes me mighty impatient. When I came to a side road that seemed to point towards the main highway, I turned onto it. This road bumps along for maybe a mile or two, then fetches up short by the railroad spur—a dead end.

So, I turned around and darned if there weren't twenty cars behind me! One driver had followed—figuring I knew about a short cut—then a whole string of them swung after him, just like sheep.

From where I sit, it doesn't pay to follow just because someone makes a "new turn." Choosing a road, a political party, or the way to practice a profession should be up to the individual. The same goes for your choice of beverage—I like a glass of beer—but, most of all, I like the freedom of making up my mind about it!

Joe Marsh

Copyright, 1951, United States Brewers Foundation

The problem of civilian defense has been confronting us for a long time. The A.M.A. together with other organizations will conduct a conference in Chicago later this year. Mrs. Wahlgvist has appointed Mrs. Carl E. Sibilsky as Chairman of the Civil Defense Program. You will be hearing more about this later and will probably want to have a program or two based on civil defense.

I have discussed the A.M.A.'s financial aid to hard-pressed medical schools. If only the Deans of the medical schools will not ask for too much the measure will be far-reaching. Some of the schools need so much aid and some need none. At this point the Woman's Auxiliary is proving to be a real Auxiliary in terms of work and money.

You of the Woman's Auxiliary with your gift of \$10,000 given to the American Medical Education Foundation at the Convention at Atlantic City have added a wonderful stimulus to the cause.

In your own community take an active part in your school groups, your church groups, your clubs. Talk to the merchants who serve you. Don't wait to be invited to do constructive work for your community. Take your husband with you to meetings. Be active in political fields. I have rung door bells and helped get out the vote and expect to do it again. We do not realize how big the field is for our usefulness in the world today. Nor do we realize how much power we can create in our opportunities for service to humanity.

You can do more good to preserve freedom and destroy the socialistic tendencies we are being indoctrinated with by taking an active part in everything that concerns your community than any national organization can ever do. The politician begins in his local precinct; that is where we must begin too and continue to work diligently to preserve the American System of Medicine.

I would leave this one urgent plea with you. For the preservation of this land that gave us birth, that our pioneers claimed from the desert and that we love better than anything in this world, let us gladly accept the tasks put before us and give them the very best we have in us.

Fall Postgraduate Courses Announced

The University of Utah College of Medicine, through its Division of Graduate and Postgraduate Medical Education, announces the following courses given and to be given this fall. All of the courses are given at the Salt Lake County General Hospital.

1. Cancer Management: This course was given October 15 and 16 for general surgeons and general practitioners.

2. Occupational Medicine: This was given October 22, 23 and 24, not as a course in traumatic surgery, but rather to stress the preventive aspects and the medical aspects of industrial medicine.

3. Electrocardiography: To be given November 12 through 16. This course is designed to give intensive training in electrocardiography. The course will be divided about equally between didactic lectures, clinics and actual reading sessions. Only a limited number of persons may be accommodated in this course and registration will be limited to twenty-five students.

4. The Functional Aspects of Medical Practice: To be given November 29 and 30 and December 1. This course is designed to present to the internist and general practitioner the functional aspects of medical practice. This is not a course in psychiatry, but will deal with the problems that are faced by every doctor in his office, every day.

In all of these courses, in addition to the faculty of the University of Utah College of Medicine, visiting men who are specialists in the various branches of medicine concerned, appear on the program. We believe that these visitors have been well selected, and that something of general interest will be found in all of these courses.

RELIABLE DRUGGISTS

PATRONIZE DENVER'S INDEPENDENT DRUGGISTS

North Denver's Largest Rx Stock

CALL Glendale 3643-3644

Ask for Rx Department

*Qualified Registered Pharmacists
Answer the Phone*

**We Deliver to Any Part of North Denver
Any Time**

**WOODMAN PHARMACY
4400 Tennyson Street**

For Accurate Prescriptions—

For prompt delivery thruout the area—

Phone: **BEImont 3-4621**



Kincaid's Pharmacy

7024 W. Colfax Ave., Lakewood, Colo.

23 Years in the Heart of North Denver

GUIDO SHUMAKE DRUGS

**PRESCRIPTIONS ACCURATELY
COMPOUNDED**

Free Delivery Service

**West 38th Ave. and Clay Denver, Colo.
Phone GLendale 1073**

We Recommend

BONNIE BRAE DRUG COMPANY

Alfred C. Anderson, Owner and Manager

Prescriptions Accurately Compounded

Drugs . . . Sundries

Complete Line of Cosmetics

FREE DELIVERY

**763 South University Boulevard
Phone RAce 2874 — Denver, Colorado**

WE RECOMMEND

Whittaker's Pharmacy

"The Friendly Store"

PRESCRIPTION SPECIALISTS

**West 32nd and Perry, Denver, Colo.
Phone GLendale 2401**

HYDE PHARMACY

ACCURATE PRESCRIPTIONS

Chas. W. Hyde, Prop.

Rocky Mountain Distriutors for Sherman

Biologicals and Pharmaceuticals

Almay Non Allergic Cosmetics

Prompt Free Delivery

**KE. 4811 MA. 4566
1400 East 18th Avenue at Humobldt**

HAVEN PHARMACY

J. L. Panek, Jr., Prop.

PRESCRIPTION DRUG STORE

DRUGS AND SUNDRIES

29th and Irving St. Phone GLendale 5191

We Make Free Prescription Deliveries

**L K PROFESSIONAL
PHARMACISTS**

Phone Au. 1900 9350 E. Colfax Ave.

Specializing in Prescriptions

Free Delivery in Aurora Area

**Almay Hypoallergic Flaherty
Cosmetics Surgical Supports**

Lou and Ken Suher



Come to LOS ANGELES for the A.M.A. CLINICAL SESSION

Plan now to attend this excellent session—the A.M.A.'s Fifth Annual Clinical meeting.

Specifically planned for the benefit of general practitioners, the program is complete and varied. Therapy is featured in a series of lectures and demonstrations by medical leaders from all over the country. It will indeed serve you as an excellent refresher course and source of new up-to-date medical information.

Remember, there is no registration fee. All members of the A.M.A. are admitted free of charge. Use the hotel reservation and advance registration forms on these pages. Do it now and mark your calendar for Los Angeles, December 4 to 7, 1951.

NOTE: All reservations are to be cleared through the Local Subcommittee on Hotels. Contacting individual hotels will be useless as your application will in any case be referred to the Subcommittee. Use the form at the bottom of the opposite page, addressing the Chairman, American Medical Association Subcommittee on Hotels, 1151 South Broadway, Los Angeles 15, California.

Register in Advance Using This Application

Please fill out this coupon in full and return it at once to the American Medical Association, 535 North Dearborn Street, Chicago 10, Illinois, and receive your registration identification card for the Los Angeles Session.

I, Please write plainly or print your name

..... (Office address—Street, City, Zone and State)

do hereby declare that I am a Member of the State Medical Association

I will be accompanied by
.....

Full name of each guest. Please do not include a physician as a guest. Every doctor must register in his own name.

Make Your Hotel Reservation for Los Angeles now

December 4 to 7, 1951

SCHEDULE of RATES

No. on Map	Hotel	Single	Double	Twin	Triple
1. Alexandria.....		\$ 4.00- 7.00	\$ 5.50- 8.50	\$ 6.50-10.50	\$ 2.00 pp extra
2. Ambassador.....		7.00	10.00-18.00	10.00-18.00	3.00 pp extra
3. Arcady.....		6.50	7.50	1.50 pp extra
4. Biltmore, House of Delgats, Limited number of rooms available.....		6.50-11.50	9.00-14.00	10.00-14.00	2.50 pp extra
5. Chancellor.....		6.00- 7.00	6.50- 7.50	1.50 pp extra
6. Chapman Park.....		6.00 up	10.00 up	10.00 up	2.00 pp extra
7. Clark.....		4.00- 5.00	5.00- 6.00	6.00- 7.00	7.50- 9.00
8. Commodore.....		3.00- 5.00	4.00- 6.00	5.00- 8.00	7.00
9. Gaylord.....		6.00 up	8.00 up	8.00 up	10.00 up
10. Hayward.....		4.00- 6.00	5.00- 7.00	6.00- 9.00	1.50 pp extra
11. Hollywood Drake.....		4.50- 6.00	4.00- 7.00	6.00- 8.00	6.50- 7.50
12. Hollywood Knickerbocker.....		5.00 up	7.00 up	7.00 up	2.00 pp extra
13. Hollywood Plaza.....		4.50- 6.00	5.50- 7.00	6.00- 8.00	2.00 pp extra
14. Hollywood Roosevelt.....		6.00-10.00	8.00-14.00	8.00-14.00	2.00 pp extra
15. Innkershim.....		3.50- 4.50	5.00- 6.00	6.00- 7.50
16. Mayan.....		3.00- 4.50	4.00- 6.50	5.00- 7.50	2.00 pp extra
17. Mayfair.....		4.50 up	6.50 up	7.50 up	9.00
18. Mayflower.....		4.50- 7.00	4.50- 7.00	5.50- 7.00	7.50
19. Park Wilshire.....		5.00- 6.00	7.00- 8.00	7.00- 8.00	2.00 pp extra
20. Ritz-Flower.....		4.00- 5.00	4.00- 5.00	5.00- 6.00	1.00 pp extra
21. San Carlos.....		3.50- 5.00	3.50- 5.00	5.00- 6.00	6.50
22. Savoy.....		3.50- 4.50	4.50- 6.00	5.00- 6.50	1.00 pp extra
23. Town House.....		7.00	10.00 up	10.00 up	3.00 pp extra

24. SHRINE CONVENTION HALL, 700 W. 32nd St.

APPLICATION FOR HOTEL ACCOMMODATIONS

Chairman
American Medical Association
Subcommittee on Hotels
1151 South Broadway
Los Angeles 15, California

Be sure to give four choices of hotels

Please reserve the following:

Hotel.....
First Choice

Hotel.....
Third Choice

Hotel.....
Second Choice

Hotel.....
Fourth Choice

.....Room(s) with bath for.....person(s). Rate \$.....to \$.....per room.

.....Combination(s) (2 rooms-bath between) for.....persons. Rate \$.....to \$.....per room.

.....Room(s) without bath for.....person(s). Rate \$.....to \$.....per room.

.....Room(s) and Parlor for.....person(s) Rate \$.....

Arriving Los Angeles.....hour.....A.M. Leaving.....P.M.

Note: You will receive confirmation direct from the hotel accepting the reservation when made.

Rooms will be occupied by: (Please attach list of additional names if you do not have sufficient space here.)

Name	Street Address	City	Zone	State
.....
.....
.....

If you are an exhibitor, be sure to give name of firm and individuals to occupy room or rooms reserved.

Signature.....

Mailing Address.....

City.....Zone.....State.....

Relationship of Stress to Autonomic Lability

Studies in psychosomatics have shown that functional disorders often are a result of the patient's inability to adjust to emotionally stressful situations (stressor factors).

Nervous tension and chronic anxiety, discharged through a labile Autonomic Nervous System, can cause somatic disturbance.^{1,2} Such states may involve any one of the organ systems or several at one time.^{1,3} The outline below is designed to relate gastrointestinal and cardiovascular symptomatology to the exaggerated response of the autonomic nervous system.

	Physiologic Effects of Autonomic Discharge	
	Sympathetic	Parasympathetic
Gastro-intestinal System	Hypomotility Intestinal Atony Hyposecretion Reduced salivation	Hypermotility Gastrointestinal spasm Hypersecretion
Cardio-vascular System	Rapid heart rate Peripheral vaso-constriction	Slow heart rate Vasodilatation
Functional Manifestations	Palpitation Tachycardia Elevated blood pressure Dry mouth and throat	Heartburn Nausea-vomiting Low blood pressure Colonic spasm

The data here tabulated is from references 3,4,5,6,7, given below.

When the clinical picture is suggestive of functional disorder, the diagnosis is supported by the presence of the following indications of autonomic lability:

Variable Blood Pressure
Body Temperature Variations
Changing pulse rate
Deviations in B. M. R.
Exaggerated Cold Pressure Reflex
Oculo-Cardiac Reflex Abnormalities
Glucose Tolerance Alterations

Therapy in these cases is directed toward: 1) relieving the somatic disturbance to prepare the patient for psychotherapy*; 2) guidance in making adjustment to stressful situations and correction of unhealthy attitudes.

*Drug treatment using adrenergic and cholinergic blocking agents in conjunction with sedatives, 8,9,10.

1. Ebaugh, F.: Postgrad. Med. 4: 208, 1948. 2. Wilbur, D.: J.A.M.A. 141: 1199, 1949. 3. Williams, E. and Carmichael, C.: J. Nat'l. Med. Assoc. 42: 32, 1950. 4. Goodman, L. and Gilman, A.: The Pharmacological Basis of Therapeutics, The Macmillan Co., 1941. 5. Katz, L. et al: Ann. Int. Med. 27: 261, 1947. 6. Weiss, E. et al: Am. J. Psychiat. 107: 264, 1950. 7. Alvarez, W.: Chicago Med. Soc. Bulletin, 581, 1950. 8. Rakoff, A.: A Course in Practical Therapeutics, Williams and Wilkins, 1948. 9. Karnosh, L. and Zucker, E.: A Handbook of Psychiatry. C. V. Mosby Co., 1945. 10. Harris, L.: Canad. M.A.J. 58: 251, 1948.

Sandoz
Pharmaceuticals

DIVISION OF SANDOZ CHEMICAL WORKS, INC.
68 CHARLTON STREET, NEW YORK 14, NEW YORK

Tuberculosis Abstracts

Issued Monthly by the National Tuberculosis Association

Vol. XXIV

NOVEMBER, 1951

No. 11

THE PRESENT-DAY USAGE OF PNEUMOTHORAX IN THE TREATMENT OF PULMONARY TUBERCULOSIS

John H. Skavlem, M.D., California Medicine, December, 1950.

The patient with tuberculosis must cure himself and the final conquest of the tubercle bacilli is a victory of the body itself. Physicians guide and assist the forces of the body to resist the multiplication and spread of the invading germs. Rest and good nutrition remain basic in the treatment. The ideal cure of any disease is to eradicate it with the least resulting loss of function of the involved tissue or organ. Surgical measures involving resection of parts and permanent loss of function represent defeat of medicine. This is not the fault of the surgeon but of the limitations of medical knowledge which allow the disease to reach a stage which demands the serious loss of function to win life.

Research for the cure of tuberculosis is and must remain the realm of prevention, of early diagnosis, and of specific bactericidal agents to check the progress of the disease. Yet, until those goals are achieved, surgical measures cannot be abandoned and efforts to improve them must continue.

Pneumothorax, as an active definitive treatment for pulmonary tuberculosis, has been widely used. The patient well chosen for this treatment is one whose tuberculous lesion will heal more quickly and surely when the lung is relaxed by the introduction of air in the pleural space. The selection may depend upon the patient himself—his race, color, temperament, and his ability or willingness to take rest. The lesion should be in considerable part an exudative one capable of being absorbed or of healing with minimal scar. Any cavity present (and usually cavitation is demonstrable by x-ray studies) should be one which will permit of closure by relaxation of the surrounding lung tissue. Tubercle bacilli in the sputum is evidence of necrosis and ulceration, even though no cavity is observed on x-ray films. In the area to be collapsed, there must be no evidence of bronchial obstruction which cannot be relieved. The significance of bronchial lesions in the area as well as the method of dealing with the thin-walled cavity which indicates bronchial obstruction has changed since the advent of streptomycin and other new drugs. Bed rest for three months to study the ability of the body to cope with the lesion should be tried before pneumothorax is undertaken, unless circumstances develop which indicate unequivocally that bed rest alone is inadequate. For each patient it must be decided whether or not streptomycin or other drugs shall be added to bed rest in this period. At the end of three months of observation and treatment, all findings must be reviewed to determine whether or not the healing



Trade Mark

H-O-W-D-Y

Reg. Trade Mark

BOB'S PLACE

A Bob Cat for Service

Be Western; Come Out to Cowtown—
The Howdy Town. Your Drug Store
Cowboy.

CONOCO PRODUCTS

300 So. Colorado Blvd.

Denver, Colo.

We Appreciate the Patronage of the
Members of the Medical Profession

CAPITOL SANDWICH CO.

Established 1921

Sandwiches on Sale at the Better Drug
Stores of Denver

KEystone 2694 or EAst 4707

Denver

Colorado

50 Years of Ethical Prescription
Service to the Doctors of Cheyenne



ROEDEL'S PRESCRIPTION DRUG STORE

CHEYENNE, WYOMING

Your Best

BUY—

• **PRINTING**

From

DRYER-ASTLER PRINTING CO.

1936 Lawrence Street

KEystone 6348



Duribilknit
NYLON SURGICAL ELASTIC
STOCKINGS

Unconditionally Guaranteed!
For varicose veins, lymph
stasis and other swollen
or flabby leg conditions.

At reliable surgical appliance,
drug and dept. stores everywhere.

**INVISIBLE
SEAMLESS**

JOHN B. FLAHERTY CO., Inc., BRONX, N. Y.
Since 1898, Manufacturers of Surgical Elastic Supports

LIVERMORE SANITARIUM



• The Hydropathic Department devoted to the treatment of general diseases, excluding surgical and acute infectious cases. Special attention given functional and organic nervous diseases. A well equipped clinical laboratory and modern X-ray Department are in use for diagnosis.

• The Cottage Department (for mental patients) has its own facilities for hydropathic and other treatments. It consists of small cottages with homelike surroundings, permitting the segregation of patients in accordance with the type of psychosis. Also bungalows for individual patients, offering the highest class of accommodations with privacy and comfort.

GENERAL FEATURES

1. Climatic advantages not excelled in United States. Beautiful grounds and attractive surrounding country.
2. Indoor and outdoor gymnastics under the charge of an athletic director. An excellent Occupational Department.
3. A resident medical staff. A large and well-trained nursing staff so that each patient is given careful individual attention.

Information and circulars upon request.

Address: O. B. JENSEN, M.D.
Superintendent and Medical Director

LIVERMORE, CALIFORNIA
Telephone 313

CITY OFFICES:

SAN FRANCISCO
450 Sutter Street
GARfield 1-5040

OAKLAND
1624 Franklin Street
GLencourt 1-5988

process is adequate. By withholding pneumothorax in cases in which there are toxic manifestations the incidence of empyema in connection with the procedure has been greatly reduced. Streptomycin and other new drugs have reduced the time necessary to overcome toxic manifestations. Results of pneumothorax for Negroes are not as good as for white patients. The hazards are greater as they are for patients with diabetes. The judicious use of insulin and streptomycin in the latter group makes the procedure safer and more effective.

The effectiveness of pneumothorax in a case can sometimes be quickly determined by x-ray studies. If the lung is completely surrounded by air, with no pleural adhesions and with evidence of cavity closure, good results seem probable. If there are broad adhesions preventing relaxation of tissue or cavity closure, the procedure is not likely to be effective. Between these limits are all gradations of conditions. Each patient must be studied individually, perhaps with thoracoscopic observations. The procedure can always be modified or stopped.

THANKSGIVING

A day of prayer
To give thanks
For the right to pray
In one's own way.



Public Service Company of Colorado

WANTADS

FOR SALE—General practice in small southeast Colorado town. Open staff hospital available. Draws large area; nets \$16,000 besides surgery. Will teach refractions, include records, and introduce. Reasonable. House available, furnished or unfurnished, for rent. Box 23, Rocky Mountain Medical Journal.

FOR SALE—Established General Practice in active business district in Long Beach. Separate one-story medical building, fully equipped office, including two examining rooms, one treatment room, large reception room, large private office, x-ray; EKG, BMR, intercommunicating system. Attractively furnished, paneled walls. \$350 a month, including use of equipment and list of patients of deceased doctor. Suitable for one or two doctors. Will sell equipment on attractive terms, if desired, and reduce rent accordingly. 115 North Rossmore Avenue, Los Angeles, YORk 0717.

RETIRED PHYSICIAN has eye, ear, nose, throat instruments for sale. 1415 Vine, Apt. 3. EA. 4006.

FOR SALE—120-acre irrigated, improved farm for crop or stock raising. Lake and ditch water; pheasant and duck hunting area. Five-room house, Weld County. Denco Realty Company, Majestic Building, AComa 0022.

*Patronize Your
Advertisers*

NEWTON OPTICAL COMPANY

GUILD OPTICIANS

309-16th Street

Phone KEystone 0806

Denver

Catering to Medical Profession Patronage

We value the business of the many doctors we serve.

MERCHANTS OFFICE FURNITURE COMPANY

1511 Arapahoe Street

AComa 2559

Denver, Colorado

Established 1894

Paul Weiss

OPTICIAN

1620 Arapahoe Street

Denver, Colo.

Bonita Pharmacy

(Established 1921)

Prescription Pharmacists

6th Avenue at St. Paul Street

"RIGHT-A-WAY" SERVICE

GERALD P. MOORE, *Manager*

Phone FRemont 2797



Woodcroft Hospital—Pueblo, Colorado

A private hospital for the scientific treatment of neuro-psychiatric disorders, including alcoholism and drug addiction. Beautiful landscaping and home-like surroundings afford a restful atmosphere. Accommodations vary from single rooms with or without bath to rooms en suite, allowing for segregation of guests.

Detailed information furnished on request.

Karl J. Waggener, M.D.

Wendell T. Wingett, M.D.



THE CHILDREN'S HOSPITAL ASSOCIATION of DENVER

NON-SECTARIAN—NON-PROFIT

**Providing medicinal and surgical aid to sick and crippled children of the Rocky
Mountain Region from Birth to Maturity**

*Every modern scientific aid available to the physicians and surgeons
of Colorado and Wyoming*

**Approved by the American Medical Association and
the American College of Surgeons**

**Full Three-Year
Nurses' Training Course**

JONES CHILDREN'S HAVEN

A hospital for the permanent care of all types of neurological children including Hydrocephalics, Microcephalics, Mongoloids, severe cases of Cerebral Palsy, all types of Chronic Encephalitis and also for the care of non-contagious convalescent patients. Children of both sexes are accepted from birth, the only limitation being that they must be bed-ridden. The monthly rate is based on each individual case.

The Haven is a member of the American Medical Association, American Hospital Association and the Texas State Hospital Association.

OPERATING STAFF

Dixie Shelley Jones, R.N., President
Wardwell Jones, Treasurer and Business Manager

MEDICAL CONSULTANTS

O. Rene Caillet, M.D. Tom E. Kelly, M.D.
Joe Roberts, M.D.
Neurological Consultant — W. B. Weary, M.D.
Orthopedic Consultant — Richard B. Herrick, M.D.

PEDIATRICIANS

Martha H. Hale, M.D. John G. Young, M.D.

DENTAL CONSULTANTS

John Q. A. West, D.D.S. Charles Yates, D.D.S.

In addition to a registered nurse on the operating staff, the Haven also has a trained nurse in attendance at all times.

Phones

3611 Fairmount
Dallas, Texas

The Haven, Lakeside 4801
Residence, Justin 1332

The Craving for Candy Often Is a CALL FOR ENERGY



SUGAR
PLUMS

Recommend Brecht's For Your Patients

SUGAR PLUMS... tenderest of fruit-flavored jelly candies, made with sugar, corn syrup, dextrose, citrus fruit pectin, U.S. Certified Colors. Cellophane-topped party packages.

PANTRY SHELF... delicious hard candies in many flavors. Refreshing fruit drops, crunchy filled wafers... flavor sealed in glass jars.

DAINTY STICKS... so delicious and pure. Made from sugar, dextrose, corn syrup, finest flavorings, U.S. Certified Colors. Assorted flavors.



BRECHT CANDY CO.

DENVER, COLO.

The Sign of Good Candy!

Refresh...add zest
to the hour



Index to Advertisers

Page	Page	Page
Abbott Laboratories867	Emory, John Brady Hospital, The881	Physicians and Hospitals Supply Co.879
A.M.A. Clinical Session900-901	Fairfax Sanitarium820	Physicians Casualty Assn.....881
American Meat Institute.....865	Fairhaven Maternity Hospital891	Professional Pharmacy822
American Medical and Dental Association814	Flaherty, John B. Co., Inc.....903	Public Service Co.....904
Ames Company828	General Electric Co.....819	Restaurant 240887
Ayerst, McKenna & Harrison857	Glockner Penrose Hospital.....891	Roedel's Prescription Drug903
Aylard's Crestmoor Drug.....895	Haven Pharmacy899	Sandoz Pharmaceuticals.....902
Baker Laboratories, Inc.....869	Hyde's Pharmacy899	Schering Corporation813
Berbert, George & Sons, Inc.889-908	Jones Children's Haven.... 906	Schieffelin & Co.....887
Bilhuber-Knoll Corp.883	Kendrick-Bellamy Co.812	Searle, G. D., & Co.....855
Bob's Place902	Kincaid's Pharmacy899	Shadford-Fletcher. Optical Co.895
Bonita Pharmacy904	L K Professional Pharmacists899	Shumake Drug, Guido.....899
Bonnie-Brae Drug899	Lakewood Pharmacy895	Smith-Dorsey Co.817
Borden Company873	Lederle Laboratories859	Stodghill's Imperial Pharmacy891
Brecht Candy Co.....906	Lilly, Eli & Co.....Cover I	Squibb, E. R., & Sons...826-827
Brown School908	Lilly, Eli & Co.....829-830	Technical Equipment Corp.893
Cambridge Dairy818	Livermore Sanitarium903	Telephone Answering Service818
Capital Chevrolet883	Mead, Johnson & Co.Cover IV	Thornton, George R.....812
Capitol Sandwich Co.....903	Merchants Office Furniture Co.904	United States Brewing Industry898
Carlson-Frink817	Merck & Company.....825	University of Colorado.....885
Cascade Laundry887	Morning Milk897	Upjohn Co.863
Chicago Medical Society.....887	Nestle Company, Inc., TheCover III	Van's Pharmacy895
Children's Hosp. Assn.....905	Newton Optical Co.....904	Walters Drug Store.....895
City Park Dairy.....820	Nurses Official Registry.....885	Wantads904
Coca-Cola Co.906	Park Floral Company.....822	Weiss, Paul904
Colburn Hotel887	Parke, Davis & Co.Cover II-811	Western Newspaper Union.....883
Cook County Graduate School of Medicine881	Pfizer, Chas., & Co.....821-871	Wheatridge Farm Dairy.....887
Cordelia of Hollywood.....875	Philip Morris & Company.....877	Whittaker's Pharmacy899
Deep Rock Water.....885		Winthrop-Stearns, Inc. 815-861
Denver Optic Company.....891		Woodcroft Hospital905
Dorr Optical Co.....824		Woodman Pharmacy899
Dryer-Astler Printing Co.....903		Wyeth, Inc.823
Earnest Drug Company.....908		York Pharmacy885
Ehret Engraving Co.....822		



SPRAINS — STRAINS

"Electrical muscle stimulation is a valuable form of therapy for use in the treatment of strains, sprains, and dislocations. The object of the treatment is to assist in the removal and resolution of the vascular and lymphatic exudates which form as a result of trauma to the small arterioles, and lymph channels."

Excerpt from page No. 247 Handbook of Physical Medicine and Rehabilitation—an official A.M.A. publication.

**Medcotron
Stimulator**



Write for descriptive literature

GEO. BERBERT & SONS, INC.

1524 Court Place
DENVER 2, COLORADO

EARNEST DRUG COMPANY

T. H. BRAYDEN, Prop.

PRESCRIPTION SPECIALISTS

1699 Broadway Phone KEystone 7237

Denver, Colorado

"Conveniently Located for the Doctor"

and

EARNEST DRUG DISPENSARY

(Successors to Carey Drug Dispensary)

Located in the Majestic Building

217 16th Street Phone KEystone 3265

Prompt Free Delivery Service
From Both Stores

From 10 A.M. to 8 P.M.

The BROWN SCHOOLS

For Exceptional Children

Four distinct units. Tiny Tots through the Teens. Ranch for older boys. Special attention given to educational and emotional difficulties. Speech, Music, Arts and Crafts. Full time Psychologist. Under the daily supervision of a Certified Psychiatrist. Registered Nurses. Private swimming pool, fireproof building. View Book. *Summer Camp*. Approved by State Division of Special Education.

BERT P. BROWN

President

Paul L. White, M.D., F.A.P.A.,
Medical Director

P. O. Box 4008, Austin, Texas



Ready to use and in liquid form, Dextrogen is a concentrated infant formula, made from whole milk modified with dextrins, maltose, and dextrose. In addition, it is fortified with iron to compensate for the deficiency of this mineral in milk. Diluted with $1\frac{1}{2}$ parts of boiled water,* it yields a mixture containing proteins, fats and carbohydrates in proportions eminently suited to infant feeding. In this dilution it supplies 20 calories per ounce.



The higher protein content of normally diluted Dextrogen—2.2% instead of 1.5% as found in mother's milk—satisfies every known protein need of the rapidly growing infant. Its lower fat content makes for better tolerability and improved digestibility.

Dextrogen serves well whenever artificial feeding is indicated, and is particularly valuable when convenience in formula preparation is desirable.

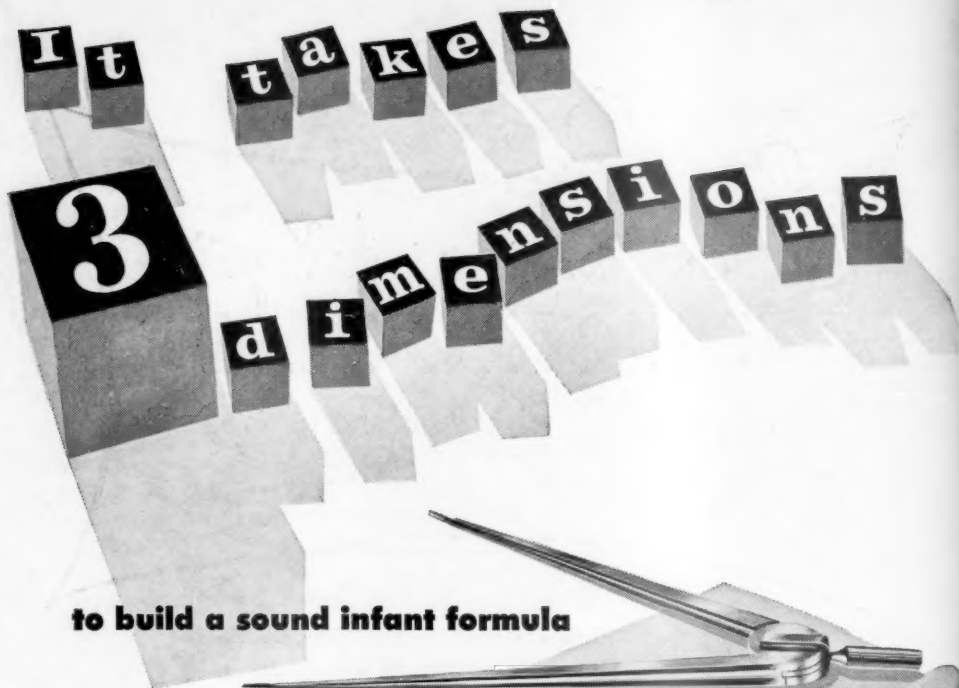
*Applicable third week and thereafter; 1:3 for first week, 1:2 for second week.

THE NESTLÉ COMPANY, INC.
COLORADO SPRINGS, COLORADO



**NOTE HOW SIMPLE
TO PREPARE**

All the mother need do is pour the contents of the Dextrogen can into a properly cleaned quart milk bottle, and fill with previously boiled water. Makes 32 oz. of formula, ready to feed.*



to build a sound infant formula

LACTUM has these three dimensions
...for Lactum is an evaporated whole milk and Dextri-Maltose® formula.

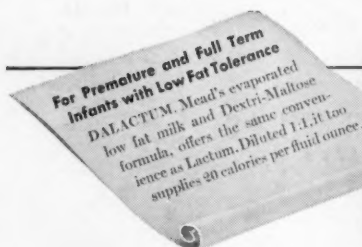
Its proportions are those of milk and Dextri-Maltose formulas used successfully in infant feeding for forty years.

And its caloric distribution (16% protein, 34% fat, 50% carbohydrate) is based on authoritative pediatric recommendations.



and Lactum has a 4th dimension
... time-saving convenience

Lactum feedings are prepared simply by adding water. A 1:1 dilution provides 20 calories per fluid ounce.



MEAD JOHNSON & CO.
EVANSVILLE 21, IND., U.S.A.

on

O.
A.